INDEX

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

To the Right Worshipful the Mayor, Aldermen and Councillors of the City and County of the City of Exeter.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to report on the health of the City in 1957 and on the work of the health services provided by the City Council. The report follows the pattern of previous years, the tables concerning the National Health Service functions being set out at the end.

Poor weather during the main holiday season, economic recession, national anxieties after " Suez," a high incidence of poliomyelitis, and the Asian influenza epidemic, all made 1957 a year not favourably regarded. Yet the vital statistics nationally and locally were very satisfactory.

In Exeter, the birth rate was substantially higher and the death rate substantially lower than in 1956. The still-birth rate was slightly higher than the low rate of 1956, but the infant death rate was substantially lower than the high rate of that year and was lower than in any previous year except 1955 : the infant deaths occurred almost entirely within the first week of life ; they were associated with the risks of pregnancy and childbirth ; whereas the deaths after one week were exceedingly few ; this highlights, however, the need to concentrate on the care of the expectant mother. No babies born alive were lost by reason of Rhesus incompatibility ; this must be attributed to the active steps now taken by the hospitals to forestall the ill effects of this condition.

The Registrar General estimated the mid-1957 population to be 76,900, i.e. 100 less than in mid-1956, despite a natural increase (excess of live births over deaths). The Registrar General estimates that since 1951 the population has increased by only 700, though we know that the natural increase has been 941 ; he evidently considers there has been emigration from the City ; some may be to surrounding new housing areas on the fringe of the City but outside its boundary.

Tuberculosis mortality continues to be high. From figures collated from the Registrar General's Annual Statistics, it is clear that the mortality in Exeter from

tuberculosis (all forms) in recent years considerably exceeds that in any other great town in the Registrar General's South Western Region.

It is true our notification rates are at last declining, but now seems the time to make a really intensive effort to ascertain the cases, by a community mass X-ray survey on the lines so successfully followed by Glasgow, Edinburgh and Aberdeen. Towards the end of 1957 conversations were begun with the South Western Regional Hospital Board which ended in a decision to carry out such a survey in 1959. It cannot be over-emphasised too strongly that some chronic bronchitics are tuberculous patients ; some will infect their children, perhaps disastrously. That has happened here in recent experience. We must try for their sake as well as for the sake of the older people themselves, to find every single case. Tuberculosis is, broadly speaking, curable. We must find it early, and then we can speak with confidence of cure. It takes a moment to be X-rayed. It may save months in hospital, premature death, and hardship on the family.

ancer of the Lung. (p.25).

Deaths from cancer of the lung declined, but registration of new cases did not. As described in my school health report, I circulated a letter about the risks of smoking to the parents of all the older school boys in the City, together with a supporting letter from the head of the school concerned.

oliomyelitis. (p.91).

In Exeter, poliomyelitis struck in May, and we were at the time vaccinating against the disease. We continued vaccinating throughout the year, limited only by the vaccine supply position. We used up the vaccine as it came and consequently some children had to wait for more than a month for the second dose : on the other hand, more children got a minimum of protection earlier. The response of Exeter parents to the immunisation scheme has been most gratifying.

Many poliomyelitis cases from surrounding areas were severe and some fatal, but we were very fortunate in Exeter in that we had only 27 cases among City residents and none of them died ; only two (one of whom had not been infected in the City) had severe residual disability.

sian Influenza. (p.52).

Asian influenza reached Exeter in September, 1957, and though it caused a good deal of sickness, it neither disorganised public services nor caused many deaths. School absenteeism was very high ; at one stage, nearly 3,000 children were absent mostly because of this infection. After much difficulty, we purchased Asian influenza vaccine for certain public service personnel and the Ministry supplied some for doctors, home nurses, and others.

Virus infections, too, were evident during the year, in some cases simulating non-paralytic poliomyelitis. The common childish infectious diseases were mild and caused no deaths : the expected measles outbreak did not materialise : whooping cough was moderately prevalent, but it was mild ; most of the few moderately severe cases we know of had not been immunised. Staphylococcal infection in hospitals, which is widespread in the country as a whole, was the subject of much thought by the hospitals infection committee ; it gives a salutary lesson that the problem of infection is not static, that triumphs in some fields may be matched at any rate temporarily by lack of success in others, and that infectious disease is not yet entirely controlled.

I turn now to environmental hygiene control. The Ministry of Housing and Local Government held an enquiry to consider objections to clearance orders made by the Council, but we awaited, at the end of the year, the Minister's decisions.

The Clean Air Act, 1956, gave us an opportunity to do something to clear the atmosphere of smoke. The Council adopted the model byelaw providing that new heating and lighting installations should be capable of burning certain named approved fuels, and also declared three newly developing housing estates as smoke control areas. I hope the Council will extend these areas in due time to cover the whole City. We must expect opposition, but those of us who know the evil effect of smoke on the lungs must do everything we can to ensure clean air for our children, and their children.

One of the risks with which health departments will in future have to concern themselves is that from radiation. It would be a pity if the public were to get over-anxious individually, though collectively we must ascertain what is happening, and rely on the medical profession and the physicists on the one hand, and the politicians on the other, to do all that is possible to limit the risks. The subject is so complex that so far even international experts find it impossible to reach any very firm conclusions. It would be as foolish to deprive ourselves of useful procedures involving radiation as it would be to carry them out needlessly. As in so much of human activity, we must balance the risks against the benefits to be secured. Discussions took place during the year with the hospital about the disposal of radio-active wastes in connection with treatment of cancer by radio-active substances.

A great many people do not realise that the Council as a local health authority has very considerable duties under the National Health Service Act,

ternity and Child Welfare, etc. (p.73).

One in three of the Exeter mothers confined in 1957, were delivered at home and almost all were attended by our domiciliary midwives. In May, the Council's ante-natal clinic was discontinued as attendances had been very small for a long time : I regret this very much. Consultations with representatives of the Exeter hospital staffs and family doctors on the problems of pregnancy toxaemia were useful. Seven of every ten babies born in the year attended our infant welfare centres. I gladly pay a tribute to the voluntary workers who give up time week after week to help in these centres : Mrs. S. Smith, J.P. (also a former member of the Health Committee) retired after thirty-nine years of such effort. In January, it was decided that the day nursery should be closed on Saturdays because so few of the mothers concerned worked on Saturdays.

ealth Visiting. (p.83).

The Health Services Committee asked for an increase in the Health Visitor establishment by two health visitors, but the Finance Committee felt at the time unable to agree. However, some help was given by way of a further car allowance.

ome Nursing. (p.86).

The demand for home nursing seems to be stabilising at around 3,000 cases a year. The Council appropriated 16, Howell Road, as an extension of the Nurses' Home and constructed in the grounds five additional garages.

nmunisation. (p.90).

Tetanus vaccination was included within the Council's arrangements for immunisation : the triple prophylactic (against diphtheria, whooping cough and tetanus) is very popular and many babies are being immunised at 2 to 3 months of age, a satisfactory state of affairs in the light of the greater risk from whooping cough if contracted in the first six to twelve months. Rather more than one in two children under 5 years of age and rather less than one in four of the 5 to 15 year old group have had courses of whooping cough vaccine. It is sad to think of babies having to have so many immunising procedures in the first year of life, but those of us who have seen much diphtheria, whooping cough, poliomyelitis and, for that matter, tetanus, agree that immunisation is a blessing indeed.

mbulance Service. (p.92).

The ambulance service appears to be approaching a more stable level of work though it has not yet reached it : the transport of adults to our training centre was undertaken by the service.

Mental Health. (p.102).

The Report of the Royal Commission on the Law relating to Mental Illness was published in May, 1957. It foreshadows much less formality in the admission (and discharge) of mentally ill and mentally subnormal persons to hospital, closer links between the mental and other hospitals and

between the local health community care services and the hospital services, and a great extension of the community care provided by local health authorities. Nevertheless, the current trend of opinion is against the over-ready hospitalisation of mentally disturbed patients, and above all, against the permanent institutionalisation of any type of case, if it can be avoided. Custodial care, whilst still important, is in present circumstances, when sedative drugs are so effective, the least significant contribution of the mental hospital. Treatment and cure are the aims, not accommodation. The Committee were anxious to purchase a large and suitable home in the City for future community services (hostel and club), but time and the hour ran against us, and it was purchased by another local health authority. However, we made one substantial advance during 1957. A training centre for older girls and women handicapped by mental subnormality was opened in February ; and very good work has been done there. Those attending numbered 8 at the outset and 13 by the year-end.

We co-operated with the Medical Research Council in its poliomyelitis enquiry, and will co-operate with the National Birthday Trust in its important peri-natal mortality survey in 1958.

Day. The universality of the issues of health and disease was illustrated in the City by a meeting on World Health Day (April 8th) under the auspices of the Health Services Committee ; the Mayor (Dr. C. J. Fuller) was in the Chair.

My staff have all worked loyally and well throughout the year. Dr. Jessie Smith retired after twenty-eight years' service and Mr. E. S. Howells, Chief Clerk, retired after thirty-eight years' service ; both had most faithfully served the Council, and their experience was invaluable. Mr. R. W. Stiles, Deputy Chief Clerk and Senior Mental Welfare Officer, succeeded Mr. Howells ; Dr. Smith's successor had not been appointed at the year-end. Mr. W. H. A. Weston was appointed as a whole-time Senior Mental Welfare Officer in succession to Mr. Stiles.

dg- Many of my staff have had some hand in the preparation of this report and I thank them all. The section on infectious disease has been prepared by Dr. McLauchlan, and on the loss of infant life by Dr. Ward ; the Chief Public Health Inspector's report details much of great interest.

I have been helped greatly by the co-operation of the Chief Officers of the City Council, of the doctors of the town, including the consultants, of the teachers, of the Press, and above all, of the people in the City.

The Chairman and Members of the two Health Committees have always helped me in their acceptance and support of proposals submitted for furthering the cause of good health in the City. " He who cures a disease may be the skilfullest, but he that prevents it is the safest physician " wrote Thomas Fuller in the seventeenth century. To-day, there is no real division in this sense ; cure and prevention are, or should be, certainly in the minds of all engaged in the care of the sick ; and those of us who are public health physicians do not forget that early diagnosis and restoration to health are essential features in any programme of preventive medicine. The Council's task is to try favourably to modify the environment, to try to prevent disease, to enlighten the public in a sensible way in health matters, to promote good health, and to make easier the care and the cure of the sick at home. It is worth remembering that as a rule only great efforts bring great rewards.

I am,

Your obedient servant,

E. D. IRVINE.

July, 1958.

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

Councillor Lt. Col. R. H. Creasy.

PUBLIC HEALTH COMMITTEE

Chairman—

Councillor Lt. Col. R. H. Creasy.
(The Mayor).

Deputy Chairman—

Councillor H. T. Howe.

Alderman H. C. Pedrick.
Councillor W. N. Boorne.
Councillor P. F. Brooks.
Councillor W. H. Butcher.
Councillor A. W. Cowling.
Councillor C. C. M. Force.
Councillor W. Hunt.
Councillor Mrs. M. Nichols.
Councillor H. Parker.
Councillor F. J. Purton.
Councillor R. Sim.
Councillor A. S. Webber.

HEALTH SERVICES COMMITTEE

Chairman—

Councillor Mrs. M. Nichols.

Deputy Chairman—

Councillor W. A. Redfern.

Alderman H. C. Pedrick.
Alderman F. H. Tarr, o.b.e., j.p.
Councillor R. E. C. Board.
Councillor W. N. Boorne.
Councillor A. W. Cowling.
Councillor Lt. Col. R. H. Creasy.
Councillor Mrs. G. L. Hall-Tomkin.
Councillor H. T. Howe.
Councillor W. Hunt.
Councillor H. Parker.
Councillor E. Russell.
Councillor Mrs. F. M. Vining.

Co-opted Members—

Mrs. A. T. Soper.
Mrs. A. Robb.
Mrs. L. M. Inch.
Dr. H. G. Magill.
Dr. Lewis Couper.
Mr. D. Gould.

Town Clerk—

C. J. Newman, Esq., o.b.e.

STAFF.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

(*a*) Medical.

Medical Officer of Health and Principal School Medical Officer.

EDWARD D. IRVINE, M.D. (Liv.), M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health and from 21.11.57, Deputy Principal School Medical Officer.

G. P. MCLAUCHLAN, M.B., CH.B., (Ed.) D.P.H., D.C.H.

Assistant Medical Officer of Health and School Medical Officer.

†JESSIE SMITH, M.B., CH.B. (Leeds), D.P.H. Retired 4.9.57.

Assistant Medical Officer of Health and School Medical Officer.

IRIS V. I. WARD, M.D. (Lond.), M.R.C.S., L.R.C.P., D.C.H.

Assistant Medical Officer of Health and School Medical Officer.

†C. J. BAKER, M.R.C.S., L.R.C.P., D.P.H. (Lond.). Temporary from 25.9.57.

Medical Officer Ante-Natal Clinic (Part-time).

BERTHA HINDE, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P. To 30.4.57.

Chest Physician. (Part-time).

ROBERT P. BOYD, M.B., CH.B., D.P.H., (Glas.), F.R.F.P.S.G.

Principal Dental Officer.

†J. B. CLARK, L.D.S. (Edin.).

Dental Officers.

†E. G. C. HUNTER, L.D.S. (Edin.). Left 17.8.57.

†T. W. H. WOOD, B.D.S. (St. And.). Left 31.10.57.

†R. B. MYCOCK, L.D.S. (U.Brist.). From 2.9.57.

†M. RADFORD, B.A., L.D.S., R.C.S. (Eng.). From 2.9.57.

(*b*) Others.

Chief Public Health Inspector and Officer under the Food and Drugs Adulteration Act, etc.

*F. G. DAVIES, F.R.S.H., F.A.P.H.I., A.M.I.P.H.E.

Deputy Public Health Inspector.

*D. MAYNARD.

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† Duties mainly in connection with the Education Committee.

* All qualified Public Health Inspectors and Meat Inspectors.

Assistant Public Health Inspectors.

*A. C. Lewis. *L. G. Hopes.
*D. Peckham. *R. Walker. Left 8.10.57.
*J. T. Brown.

Public Analyst.

T. Tickle, B.SC., F.I.C.

Superintendent Health Visitor.

Miss C. M. Wilkinson, S.R.N., S.C.M., H.V. Cert. (From 23.4.57).

Health Visitors and School Nurses.

Miss L. M. Barrett, S.R.N., S.C.M., (Pt. 1) H.V. Cert.
Miss G. M. Bastow, S.R.N., S.C.M., (Pt. 1), H.V. Cert.
Miss B. Brazil, S.R.N., S.C.M., H.V. Cert.
Miss Y. Caselli, S.R.N., R.F.N., S.C.M., H.V. Cert.
Mrs. K. Dunham S.R.N., S.C.M., (Pt. 1), H.V. Cert.
Miss A. H. Edds, S.R.N., S.C.M., H.V. Cert.
Miss H. Shewan, S.R.N., S.C.M., (Pt. 1), H.V. Cert.
Mrs. E. Stannard, S.R.N., S.C.M., H.V. Cert.,
Public Health Inspector's Cert.
Miss L. E. Wathen, S.R.N., S.C.M., H.V. Cert.

Tuberculosis Visitor.

Miss A. Dawson, S.R.N., S.C.M., (Pt. 1), H.V. Cert. B.T.A.

Non-Medical Supervisor of Midwives (Part-time).

Miss L. Reynolds, S.R.N., S.C.M., H.V. Cert., Q.N.

Day Nursery—Matron.

Miss J. Bryan.

Organiser of Domestic Help Service.

Miss M. Davies.

Mental Health Services.

Senior Mental Welfare Officer.

W. H. A. Weston, Dip. in Sociology. (From 20.12.57).

Authorised Officers.

L. N. Clark. Mrs. L. Brunt.

Psychiatric Social Worker (Part-time).

Mrs. M. C. Jenkin, B.A.

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* All qualified Public Health Inspectors and Meat Inspectors.

Occupation Centre.

Supervisor—Mrs. A. M. Horton. Dip. N.A.M.H.

Adult Training Centre.

Supervisor—Mrs. E. Wood. (From 4.2.57).

Clerical Staff.

E. S. Howells (Chief Clerk). Retired 5.8.57.

R. W. Stiles (Chief Clerk). From 6.8.57.

R. Tayler (Deputy Chief Clerk). From 1.10.57.

G. H. Whitley.

F. J. Wreford.

G. A. Gibson.

R. Pettitt.

F. Elliott.

B. R. Bond.

A. Dumper. Returned from National Service on 4.11.57.

P. F. Snow (Temporary). Left 11.7.57.

I. Cox (Temporary). From 18.7.57.

Mrs. M. M. Payne.

Miss E. M. Burridge.

Mrs. D. Marsden. Retired 8.10.57.

Miss A. Northcott.

Miss J. M. Plumer.

Miss L. Eveleigh.

Miss C. M. Dunn. From 7.10.57.

Mrs. Braddon (Temporary). From 4.3.57 to 26.10.57.

Miss M. Crabtree. Retired 30.8.57.

Miss D. M. E. Barrow (Part-time), (Temporary).

Mrs. M. J. Grigg, (Part-time), (Temporary).

Mrs. D. Maunder, (Part-time). (Temporary).

Mrs. D. R. Hackett. From 30.8.57.

Principal Officers (Staff) of Voluntary Associations Acting as Agents of the City Council.

Exeter Maternity and District Nursing Association.

Superintendent—Miss E. M. Bryant, S.R.N., S.C.M., Q.V.D.N.A.

Secretary — Mrs. S. M. Walsh.

St. John Ambulance Association.

Organising Secretary — Captain F. G. Ireland.

Exeter Diocesan Association for the Care of Girls.

Social Worker — Miss P. M. Kevan.

GENERAL STATISTICS

Area in acres, 9.137.

Population, Civilian, 76,900.

Rateable Value, £1,534,937.

Sum represented by a penny Rate, £6,317.

VITAL STATISTICS

	Rates	
	Exeter.	*England and Wales.*
Live Births :		
Legitimate, total 1,114 ; male 589, female 525		
Illegitimate, total 57 ; male 29, female 28		
Birth Rate (crude), per 1,000 population	15.2	16.1
Birth Rate (adjusted) per 1,000 population	15.4*	
Stillbirths, 24 (8 male, 16 female)		
Stillbirth Rate per 1,000 total (live and still) births	20.1	22.5
Deaths, total 913 ; male 439, female 474.		
Death Rate (crude), per 1,000 population	11.8	11.5
Death Rate (adjusted) per 1,000 population	10.4*	
Maternal Mortality Rate, per 1,000 total births.	Nil	
Tuberculosis Mortality Rate per 1,000 population (Pulmonary 0.23, non-pulmonary 0.01).	0.24	0.11
Infantile Mortality Rate per 1,000 live births (Legitimate 17.9, illegitimate 17.5).	17.9	23.1
Neonatal Mortality per 1,000 live births	16.2	16.5
Perinatal Mortality per 1,000 total births	34.3	36.2
Deaths from Measles (all ages)	Nil.	
,, ,, Whooping Cough (all ages)	Nil.	
,, ,, Gastro-enteritis and Diarrhoea (under 2 years of age)	Nil.	
,, ,, Diphtheria (all ages)	Nil.	
Marriages : 627		
Persons marrying per 1,000 population	16.3	15.4

NOTIFICATION OF BIRTHS

1,676 notifications of live births, including 531 referring to mothers not living in the City, were received during the year ; only 11 notifications were made by doctors or relatives, all the rest being made by midwives.

OCCUPATIONS

About three-quarters of the industry in the city is of a non-manufacturing nature, the main occupations being in the Distributive Trades, Administration, Transport, Building, Hotels and Catering, which together absorb approximately 63% of Exeter's working population.

Miss I. E. Priaulx, Manager of the Exeter Employment Exchange tells me that following the Suez Crisis of 1956, unemployment at the beginning of the year rose sharply, but there was some improvement during the summer which unfortunately was largely seasonal, and the year ended with unemployment at the highest percentage (2.4%) since the war. So far as she can judge—for no one particular industry or works is affected—the cause seemed to be the continuing restrictions on credit coupled with the hardening of the labour market generally.

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* Adjusted by the use of the Registrar General's comparability factor to allow for the age and sex constitution of the population.

VITAL STATISTICS.

The following table (Table I) provides some statistical information covering a period of ten years :—

Table I.

MID-YEAR POPULATION.

(Registrar-General's estimates)

Year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Exeter	75,150	76,590	77,260	76,200	76,600	76,700	76,900	77,100	77,000	76,900

(1951 Census return was 75,479)

BIRTH RATE.

Year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Live Birth Rate : England and Wales	17.9	16.7	15.8	15.5	15.3	15.5	15.2	15.0	15.7	16.1
Live Birth Rate : Exeter *	17.5	15.6	14.6	14.4	14.4	15.0	14.3	14.5	14.0	15.2
Percentage of illegitimate live births to total live births : (Exeter)	4.6	6.05	5.3	6.6	6.3	5.2	6.2	6.2	4.3	4.8

*Recorded or crude rate.

Birth Rate (1957), corrected by applying the Registrar General's correction factor (1.01) = 15.4

DEATH RATE.

Year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
England and Wales ...	10.8	11.7	11.6	12.5	11.3	11.4	11.3	11.7	11.7	11.5
Exeter— Crude ...	10.7	12.9	12.1	13.9	12.0	13.2	12.9	12.4	13.3	11.8
Exeter— Corrected*	—	11.7	10.9	12.5	10.8	11.8	11.1	10.6	11.9	10.4

*Corrected by application of the Registrar-General's comparability factor (which is at present 0.88) this factor takes into account the age and sex distribution in the city as compared with that in the country as a whole.

The death rate per 1,000 of the estimated mid-year population at 11.8 (crude) and at 10.4 (corrected, to allow for the age and sex distribution of the population in the City as compared with that of the population in the country as a whole) was the lowest since 1948. Deaths from heart disease (all forms) showed a decrease and from cancer of the lung in men showed a distinct decrease. Suicide was more frequent than in 1956 but not than in 1955.

Distribution of Deaths by Age and Cause.
Registrar-General's Figures 1957.

	Under 1		1—4*		5—14*		15—24*		25—44*		45—64*		65—74*		75 and over		Total		Grand Total	1956 Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—	9	2	5	—	—	2	14	4	18	12
Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	4
Syphilitic disease	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	1
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2	2
Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	2	—	4	4	4	4	2	3	12	11	23	34
Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	—	—	1	—	7	1	6	2	1	—	15	3	18	38
Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	5	—	8	—	7	—	20	20	14
Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	5	—	1	—	1	—	7	7	5
Other malignant and lymphatic neoplasms	—	—	—	—	—	—	—	—	2	—	13	11	17	9	10	20	42	40	82	89
Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	1	—	—	—	1	1	1	—	3	1	4	5
Diabetes	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	1	1	3	4	10
Vascular lesions of nervous system	—	—	—	—	—	—	—	—	1	1	10	6	18	26	20	63	49	96	145	137
Coronary disease, angina	—	—	—	—	—	—	—	—	3	—	21	11	31	15	29	13	84	39	123	130
Hypertension with heart disease	—	—	—	—	—	—	—	—	—	—	5	1	2	3	3	3	10	7	17	27
Other heart disease	—	—	—	—	—	—	1	—	—	1	5	8	13	29	34	72	53	110	163	194
Other circulatory disease	—	—	—	—	—	—	—	—	1	1	3	2	8	4	12	17	24	24	48	33
Influenza	—	—	—	1	—	1	—	—	—	—	2	—	1	—	1	2	4	4	8	9
Pneumonia	—	—	—	—	—	—	—	—	—	1	1	1	5	—	9	9	15	11	26	31
Bronchitis	—	—	—	—	—	—	—	—	—	—	8	2	8	1	11	9	27	12	39	54
Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—	—	1	3	4	11
Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	1	4	1	5	7
Gastritis, enteritis and diarrhoea	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	3	3	3
Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	1	2	—	—	1	2	2	4	4	8	14
Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	3	—	8	—	11	—	11	12
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital malformations	2	1	1	—	—	—	—	—	—	—	—	1	—	—	—	1	3	3	6	14
Other defined and ill-defined diseases	9	8	1	—	—	—	1	—	2	2	9	10	8	10	6	20	36	50	86	96
Motor vehicle accidents	—	—	—	—	—	—	1	—	3	—	2	—	—	—	—	—	6	—	6	6
All other accidents	—	—	—	—	—	—	1	—	2	—	3	1	4	1	3	5	13	7	20	23
Suicide	—	—	—	—	—	—	—	—	2	—	3	6	1	1	—	1	6	8	14	5
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—
	11	10	2	1	—	1	4	—	20	8	111	79	139	121	152	254	439	474	913	1,021

*Throughout this report in the age tables, 1—4 means over 1 year and over but under 5 years, 5—14 means over 5 years and over but under 15 years and so on.

Table III.

Deaths by Sex, and certain Age Groups.

Deaths at :	1957 Total	1957 Males	1957 Females	1956 Total	1956 Males	1956 Females	1955 Total	1955 Males	1955 Females
0—14	25	13	12	42	20	22	38	16	22
15—64	222	135	87	233	145	88	221	124	97
65 and over	666	291	375	746	328	418	697	316	381
	913	439	474	1,021	493	528	956	456	500

Deaths at all Ages.

Cause :	1957	1956	1955
Infective	59	63	59
Cancer	154	185	147
Degenerative	511	543	510
Others	189	230	240
Total	913	1,021	956

In this table : "Infective" includes Causes 1—9 and 22, 23 and 27.
"Cancer" includes Causes 10—15.
"Degenerative" includes Causes 16—21 and 29.
"Others" all the rest of the 36 Causes given in the Registrar-General's short classification of causes of deaths.

Accidental Death.

In 1957, there were 20 deaths due to accidents other than motor vehicle accidents, 9 less than in 1956 ; drowning was the cause of 4 deaths—in one instance a man fell in the river during the severe fog. Fracture of the hip was a cause in 6 cases, of the pelvis in 1, of the spine (with dislocation) in 1, and of the skull in 3, of the wrist in 1. Coal gas poisoning (1), drug poisoning (in one case in the course of therapy) (2) ; burning in 1 case, coronary artery disease being a contributory factor, were the other causal factors.

Two-thirds of the cases were in old people over 65 years and two-fifths were over 75 years. Motor accidents caused 6 deaths, all in persons under 50 ; two of these were caused by a skid in icy conditions during an intermission in the intense fog of New Years' Day, 1957.

Deaths in Hospitals, Etc.

44% of the deaths of Exeter residents occurred in hospitals and nursing homes.

Place of Death

Hospitals.			
Royal Devon and Exeter			123
City			155
Digby and Wonford (Mental)			50
Redhills			7
Isolation			11
Franklin (Mental Deficiency)			2
Other Hospitals			7
Nursing Homes			12
Outside City : Hospitals	26		
Nursing Homes	8	....	34
Total Institutional deaths			401
Total deaths in City residents (including 58 transfers-in)			913

MORTALITY IN CHILD-BEARING AND INFANCY.

The following composite table (IV) gives useful information regarding child-bearing and infancy for the past 20 years :—

Table IV.

MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER 1938 — 1957.

Year	Maternal Deaths	Maternal Mortality Rate	Registered Live Births	Registered Still-Births	Live Birth Rate	*Stillbirths* Rate per 1,000 total births	Neonatal Deaths (i.e. under 1 month)	Deaths over 1 month and under 1 year	Infant Mortality Rate per 1,000 live births	Stillbirths and neonatal deaths	Perinatal Death Rate*	5 year average centred on year concerned
1938	1	0.9	1,010	48	14.6	45.3	32	25	56.4	80	76	69
1939	3	3.1	936	37	13.4	38.0	24	16	42.1	61	63	69
1940	2	1.8	1,012	37	13.7	33.7	26	15	38.7	63	60	66
1941	5	4.1	1,027	35	12.8	32.9	42	37	68.0	77	73	62
1942	3	2.7	1,065	31	14.4	29.2	32	21	49.8	63	57	60
1943	3	2.8	1,051	35	15.3	32.2	35	16	48.5	70	64	58
1944	8	5.8	1,334	36	19.5	26.3	32	27	44.2	63	46	53
1945	4	3.1	1,246	29	18.0	23.3	33	37	56.2	66	52	52
1946	4	2.7	**1,444**	42	19.8	28.3	45	25	48.5	67	45	48
1947	4	2.7	1,428	34	19.2	23.2	47	35	57.4	81	55	48
1948	2	1.5	1,316	42	17.5	30.9	15	9	18.2	57	42	46
1949	1	0.8	1,192	31	15.6	25.3	25	**5**	25.2	56	46	47
1950	1	0.9	1,130	22	14.6	19.1	28	8	31.8	50	43	44
1951	—	—	1,098	33	14.4	29.1	24	9	30.0	57	50	45
1952	1	0.9	1,101	27	14.4	23.9	18	6	21.8	45	40	46
1953	—	—	1,152	**20**	15.0	**17.0**	36	12	41.6	56	48	
1954	—	—	1,102	41	14.5	35.0	17	12	26.3	58	51	
1955	1	0.9	1,115	26	14.6	22.8	**12**	7	**17.0**	**38**	36	
1956	—	—	1,021	**20**	14.2	18.2	22	10	29.6	42	36	
1957	—	—	1,171	24	15.2	20.1	19	2	17.9	43	34	

*Perinatal deaths here include stillbirths and deaths within 28 days of birth except in 1955, 1956 and 1957. Stillbirths and deaths within 7 days of birth only have been included in those 3 years.

MATERNAL DEATHS.

There were no maternal deaths in 1957 ; there have been none since 1955.

INFANTILE MORTALITY.

The following table shows the infantile mortality rate in Exeter for the past ten years compared with the country as a whole :—

Table V.

Year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
England and Wales	34	32	29	29.6	27.6	26.8	25.5	24.9	23.8	23.0
Exeter	18.2	25.2	31.8	30.0	21.8	41.6	26.3	17.0	29.6	17.9

LOSS OF CHILD LIFE.

(Much of the information set out in this Section is set out here for medical record purposes and some of the terms used may not be readily understood by non-medical readers)

Table VI.

INFANT DEATHS IN 1957

Cause of Death	Total	Neonatal		1st Year		Male	Female	Legitimate	Illegitimate	Post Mortem Examination Made	Premature	Complications in Pregnancy.	Complications of Labour	Place in Family							
		Under 1 day	*1—28 days	1-3 months	3-12 months									1	2	3	4	5	6	7	8
Respiratory	8	5	3	—	—	5	3	7	1	8	4	5	7	3	1	1	2	—	—	—	1
Prematurity	6	6	—	—	—	2	4	6	—	5	6	3	5	—	2	—	2	1	1	—	—
Congenital Abnormality	5	1	2	2	—	3	2	5	—	5	2	—	—	2	1	1	1	—	—	—	—
Birth Injury	2	1	1	—	—	—	2	2	—	2	1	1	—	1	1	—	—	—	—	—	—
Totals	21	13	6	2	—	10	11	20	1	20	13	9	12	6	5	2	5	1	1	—	1
		21												21							

*Over 1 and under 28 days.

INFANT DEATHS, 1957.

There were 21 infant deaths in 1957 representing an infant mortality rate of 18.0 per 1,000 live births, this is a marked reduction on the previous year's rate. Fluctuations of this nature must be expected because of the small number involved.

NEONATAL DEATHS. 19 children died within the first month of life ; 13 lived less than one day, 4 less than a week and 2 less than a fortnight. The ages ranged from 1 hour to 12 days.

(*a*) *Premature Infants.* 12 of these 19 children were premature. the causes of death in the premature group were :—

Prematurity only (6)—Their weights were from 1 lb. 4 oz. to 3 lbs. 5 oz. 5 were born in Royal Devon and Exeter Hospital, 1 was born (and died) in Mowbray House Maternity Hospital. *Congenital abnormality* 1—This was in a first child—born 3 days after the E.D.D. and weighing 4 lbs. 14 ozs. There was a large diaphragmatic hernia through which much of the colon, liver and small intestine had herniated into the thoracic cavity. The left lung consisted of 2 rudimentary lobes.

Birth Injury with Congenital Abnormality 1—This infant had a severe tear in the right tentorium with a large amount of sub-tentorial haemorrhage after a spontaneous vertex delivery. The birth weight was 5 lbs. and the child had a large exomphalos containing liver, spleen, stomach and most of the intestines, for which a surgical operation had been performed. The infant lived just over 1 day.

Respiratory Conditions — Hyaline Membrane 4 — All four respiratory conditions were due to hyaline membrane and all four mothers had complications of pregnancy, viz. : early rupture of membranes in 2, A.P.H. in 1, and pre-eclamptic toxaemia in 1. This last was a pre-eclamptic toxaemia in a primipara and labour was induced. The birth occurred 3 days after the expected date but the child weighed 5 lbs. 2 oz. only and was classified as premature. Although having a good colour at birth the child soon developed respiratory difficulty and hyaline membrane was found in the lungs at post mortem examination.

(*b*) *Full-term Infants.*

Respiratory	4
Congenital abnormality	2
Birth Injury	1

Respiratory Conditions included 3 with aspiration of meconium ; one of the babies was a B.B.A. at home ; the second a forceps delivery where the liquor had been meconium stained and the os fully dilated for $1\frac{1}{2}$ hours before forceps were applied ; the child was very limp when born and lived 1 hour ; the 3rd case was reported to the coroner—at post mortem the

lungs were found to be congested and heavy with some clear fluid in the pleural cavities ; the 4th case was due to atelectasis and the mother had had severe A.P.H.

Congenital Abnormalities—(1) Tracheo-oesophageal fistula, the oesophagus ended in a completely blind pouch. Death was the result of super-imposed broncho pneumonia. (2) Spina Bifida, talipes equino valgus, internal hydrocephalus and bilateral hydronephrosis.

Birth Injury. The mother had A.P.H. in pregnancy and was admitted to hospital at 39 weeks. The membranes were ruptured artificially and labour was normal. Post mortem showed the tentorium to be torn on both right and left sides with haemorrhage both outside and inside the brain.

Further observations.

Drugs in Labour and deaths from respiratory distress :

4 cases of Hyaline Membrane	1.	Caesarian section for placenta praevia omnopon gr. $\frac{1}{3}$ Atropine gr. $\frac{1}{10}$ Pentothal 0.25 gm. General anaesthetic N_2O, O_2, Trilene comm. 2.30 p.m., finished 3.55 p.m.
	2.	Pethilorfan 100 gm. at 8 p.m. Gas and Air 9 p.m. Birth 9.30 p.m.
	3.	Chloral Hydrate gr. XXX 9 p.m. 21.11.57. Gas and Air 1.15 a.m. 22.11.57.
	4.	Gas and Air. No other drugs.
2 Meconium Insufflation	1.	No drugs. B.B.A.
	2.	Chloral Hyd. gr. XXX 9.30 p.m. 21.5.57 ; Pethidine 100 mgms. 12.30 a.m. 22.5.57 ; Fully dilated 2.45 a.m. 3 a.m. membranes ruptured with meconium stained fluid ; 4.20 a.m. Forceps delivery.
2 Atelectasis	1.	Mother collapsed from A.P.H. transfined 3 pts.
	2.	Pethidine, 100 mgms. 10.45 a.m. on 13.1.57 ; 2.30 p.m. Fully dilated ; Delivery 4.15 p.m. with chloroform for crowning of the head.

Deaths in infants over 1 *month and under* 1 *year.*

There were 2 deaths in this group :—

1. A premature child weighing 2 lbs. 8 oz. at birth born in December 1956 died at 8 weeks in 1957 from severe congenital heart disease.

2. A full term child born with a large exomphalos containing liver and intestines. An operation was performed at 3 days of age. The child collapsed and died after a second operation at 6 weeks.

We also know that a premature child born in Exeter in January 1957 died from broncho pneumonia in Aldershot at 8 months of age having removed to that town. This death is not included in the figures for Exeter's infant deaths.

As far as can be ascertained in all cases of congenital abnormality the mothers were quite well in early pregnancy. Post mortems were made in 21 out of the 22 cases.

STILLBIRTHS, 1957.

There were 24 stillbirths in 1957. The stillbirth rate was 20.1 per 1,000 live and stillbirths—rather higher than in 1956 (18.2).

Premature Stillbirths. 14 of the stillbirths were " premature " (as gauged by weight) weighing between 1 lb. 4 oz. and 5 lbs. 4 oz. the causes being :—

Congenital abnormality	4
Toxaemia	2
Prolapse of cord	2
Asphyxia	1
Rhesus Incompatibility	1
Not known	4

The premature infant stillborn because of rhesus incompatibility was the 16th child of the same parents ; the first 11 were quite all right. The 12th was stillborn, the mother being then found (after the birth) to be rhesus negative ; the 13th died at 3 days, the 14th and 15th survived after hospital delivery and care ; this 16th baby arrived after induction of labour in hospital but was stillborn and macerated. The cause of death as shown by post mortem was hydrops foetalis.

Full-Term Stillbirths. The 10 larger foetuses weighed from 5 lbs. 10 oz. to 9 lbs., this last baby was a case of rhesus incompatibility ; no case in this group was due to difficult labour. The causes were :—

Toxaemia	5
A.P.H.	2
Cord compression	1
Rhesus incompatibility	1
Not known	1

The complete picture of the causes of the 24 still births is set out :—

Toxaemia	7
Congenital abnormality	4
(3 anencephalic, 1 hydrocephalic)	
Cord compression	3
A.P.H.	2
Asphyxia	1
Rhesus incompatibility	2
Not known	5
	24

Toxaemia. In 7 of the 24 stillbirths, toxaemia was regarded as directly responsible and was also present in an 8th pregnancy where stillbirth was ascribed to gross foetal abnormality. There were 8 cases of toxaemia comprised :—

Eclampsia	1
Pre-eclampsia	2
Toxic accidental haemorrhage	2
Toxaemia (hypertension, oedema, etc.)	3

20 stillbirths occurred in hospitals, 4 at home.

4 home stillbirths :—

1. Born before arrival of midwife with membranes intact leading to death from asphyxia. There was no sign of life when the midwife arrived. Labour was premature and the mother had intended to have the baby in hospital.
2. Ante Partum Haemorrhage had occurred twice during the last month of pregnancy and the patient had been in bed. The foetal heart was not heard throughout labour.
3. Foetus died in utero 6 weeks or so before the onset of labour. The mother had been nursing another child with measles about the time the foetal heart ceased to be heard, but she remained well.
4. Death of the foetus in utero 2 weeks before the onset of labour. Mother's blood pressure was 150/100 and she had slight albuminuria AFTER the foetal heart ceased to be heard.

In only 1 instance was a post mortem examination made. (See Table XVIII)

PREMATURE INFANTS.

There were 98 premature live births in 1957 representing a rate of 8.4 per 1,000 live births. There were 14 premature stillbirths in 1957 which are described elsewhere. Of the 98 live

births, 85 were alive at the end of 1957 but one of them died early in January 1958 at the age of 2 weeks.

65 premature babies were born in hospital, 1 in a nursing home and 32 at home but of the latter 9 were transferred to hospital ; all 6 babies born at home in the 3 lbs. 4 oz. — 4 lbs. 6 oz. group were transferred to hospital.

Causes of Prematurity (in some instances more than one cause was operative, but the main cause is listed below, *e.g.* premature twins, the pregnancy being complicated by toxaemia, is counted here as " multiple births.") :—

Multiple births (including one set of triplets)	25
Toxaemia	9
A.P.H.	5
Premature rupture of membranes	5
Placental abnormalities	4
Accident	1
Rhesus Incompatibility	1
Traumatic	1
Full-term small children	13
Not known	34
	98

Full-term small infants. In the report of 1956 reference was made to a number of apparently full-term babies being counted as " premature solely because of their weight. Among the 98 here discussed 13 are believed to have been within 1 week in advance of term to 9 days after term, but they would be classified as premature or *immature* on the weight standard.

Toxaemia. 12 of the pregnancies (3 twin pregnancies) were complicated by toxaemia, 10 of them being of pre-eclamptic type. 1 of twins weighed 5 lbs. 9 oz. and therefore is not classified as a premature birth.

Congenital Abnormalities. 7 of the 98 premature babies had congenital abnormalities and all required hospital treatment :—

1. Short L. leg.
2. Supernumerary digits both hands.
3. Congenital morbis cordis.
4. ,, ,, ,,
5. Severe exomphalos (died at 14 days).
6. Diaphragmatic hernia and agenesis L. lung (died at 12 hours).
7. Bilateral talipes (died at $9\frac{3}{4}$ hours).

Health. 4 of the premature babies required hospital treatment during the course of the year because of gastro-enteritis, influenzal meningitis, anaemia and jaundice. (See Table XIX).

Social Grading of Premature Births, Infant Deaths and Stillbirths, 1957.

The social grading set out here is based upon the Registrar General's Classification of families according to the father's occupation, viz. :

Class I — Professional, etc. Occupations.
,, III — Skilled Occupations.
,, V — Unskilled Occupations.
Classes II and IV are intermediate occupations.

Social Class.	*Premature Births.*	*Stillbirths.*	*Infant Deaths.*
I	2	2	—
II	5	1	—
III	58	16	17
IV	17	2	1
V	11	3	3
Unknown	2	—	—
Unemployed	3	—	—
Totals	98	24	21

Social Class Distribution of Occupied and Retired Males aged 15 years and over in Exeter according to the last Census Report (1951) :—

Class I	1,015
,, II	4,104
,, III	14,539
,, IV	2,868
,, V	3,172
Total	25,698

ABORTIONS.

We do not know how many abortions (death of the unborn infant before it is capable of an independent existence) occur : the figure has been estimated at 20% of all pregnancies ; most of these abortions are natural and not induced. We know that 65 cases of abortion in Exeter mothers were cared for in hospitals in the City during 1957 and that during the same year 60 were cared for at home, making a known minimum total of 9.5% of all pregnancies. This is, of course, a serious loss of infant life.

PERINATAL MORTALITY, 1957.

There were 24 stillbirths in Exeter in 1957 and 17 infants died within the first week of life, making a total of 41 perinatal deaths. The total live and stillbirths were 1,195, giving a perinatal mortality of 34.2 per 1,000 total births, rather better than in 1956, but not so satisfactory as in 1955. The rate in England and Wales is about the same (36.2 in 1957).

Cause of perinatal deaths :

Infant Deaths.		*Stillbirths.*	
Respiratory	8	Toxaemia	7
Prematurity	6	Not known	5
Birth Injury	2	Congenital abnormality	4
Congenital abnormality	1	Cord accidents	3
		A.P.H.	2
		Asphyxia	*1
		Rhesus incompatibility	2
	17		24

TOTAL : 41

* This baby was born with the membranes intact (*i.e.* with a caul) and there was nobody at hand able to release the infant. The midwife was summoned after the baby was partially delivered and when she arrived baby was born to the armpits, but was dead and efforts at resuscitation were unsuccessful. As a result of this case instruction was given to the ambulance workers about this unusual emergency.

CANCER.

The Regional Cancer Records Bureau (Director, Mr. Reginald Vick, F.R.C.S.), has kindly sent me particulars of the cases registered with the Bureau in 1957, and also in 1956 (see page 26). These may be taken as fairly comprehensive in respect of those patients who have attended hospital, but probably not so in regard to those who have never attended a hospital : registration applies to a case on first diagnosis or treatment ; recurrences from previously treated growths are not counted in these tables, nor are cases known to the Bureau only from the death returns. Registrations for each year since 1950 are shewn on page 27. The registration of respiratory system cancers shews no diminution.

The number of deaths from cancer was much lower than in 1956 and curiously, this was mainly due to a substantial drop in the deaths from cancer of the lung and bronchus from 38 to 18 (15 males, 3 females). This is gratifying, but the continuing high rate of registrations mentioned above must make us cautious about undue optimism.

Registration of Cancer Patients

Exeter Residents, 1957.

Site		Age. Und'r 20	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	Over 70	Total
Buccal Cavity & Pharynx	M	—	—	—	1	—	1	1	3
	F	—	—	—	—	1	1	2	4
Digestive Organs and Peritoneum	M	—	—	—	1	6	9	12	28
	F	—	—	—	3	5	6	13	27
Respiratory System	M	—	—	—	2	7	10	2	21
	F	—	—	—	—	1	—	2	3
Breast	M	—	—	—	—	—	—	—	—
	F	—	—	2	6	7	4	9	28
Genito Urinary Organs	M	—	—	1	—	1	5	8	15
	F	—	—	1	4	4	6	3	18
Skin	M	—	—	—	1	3	4	3	11
	F	1	—	—	1	3	3	—	8
Other and unspecified sites ...	M	—	—	—	—	1	3	1	5
	F	—	—	—	—	—	3	1	4
Lymphatic and Haemato-poietic tissues	M	1	—	1	2	—	1	3	8
	F	—	—	—	—	—	—	1	1
Total		2	—	5	21	39	56	61	184

Exeter Residents, 1956.

Site		Age. Und'r 20	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	Over 70	Total
Buccal Cavity & Pharynx	M	—	—	—	1	2	3	1	7
	F	—	—	—	—	—	1	—	1
Digestive Organs and Peritoneum	M	—	—	1	3	4	10	16	34
	F	—	—	—	3	6	7	15	31
Respiratory System	M	—	—	—	1	8	10	3	22
	F	—	—	—	—	—	—	2	2
Breast	M	—	—	—	—	—	—	—	—
	F	—	—	—	5	5	8	7	25
Genito Urinary Organs	M	—	—	1	1	—	3	7	12
	F	—	—	2	3	7	7	4	23
Skin	M	—	—	—	1	4	2	4	11
	F	—	1	1	—	—	3	10	15
Other and unspecified sites	M	1	—	—	1	—	1	—	3
	M	—	—	1	—	—	2	—	3
Lymphatic and Haemato-poietic tissues	M	1	1	—	—	1	1	—	4
	F	—	—	—	—	2	2	—	4
Total		2	2	6	19	39	60	69	197

Registration of Cancer Patients.
Exeter Residents, 1950—1957.

Site		1950	1951	1952	1953	1954	1955	1956	1957
Buccal Cavity and Pharynx	M	3	5	3	2	6	1	7	3
	F	2	—	1	3	3	1	1	4
Digestive Organs and Peritoneum	M	40	32	40	46	30	26	34	28
	F	35	34	39	34	34	31	31	27
Respiratory System	M	22	20	13	16	32	23	22	21
	F	3	6	5	—	3	3	2	3
Breast	M	—	1	—	—	—	—	—	—
	F	14	21	14	18	32	25	25	28
Genito Urinary Organs	M	1	19	9	16	12	12	12	15
	F	15	19	10	19	21	22	23	18
Skin	M	1	1	—	1	18	17	11	11
	F	—	—	—	2	8	11	15	8
Other and unspecified sites	M	2	11	2	7	6	8	3	5
	F	3	2	6	5	4	2	3	4
Lymphatic and Haematopoietic tissues	M	—	3	4	—	7	4	4	8
	F	1	2	3	3	7	1	4	1
Total		142	176	149	172	223	187	197	184

The following table (using the Registrar General's figures), shews the deaths from cancer during the past 10 years :—

Year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Deaths	151	152	143	180	152	172	189	147	185	154

It should be noted that leukaemia is now counted as a cancerous disease.

PUBLIC WATER SUPPLY.

I am indebted to Mr. J. Brierley, B.SC., A.M.I.C.E., M.I.MUN.E., M.T.P.I., City Surveyor, for the following notes on the public water supply.

The method of treatment of the supply from the River Exe remained the same as described in earlier reports, viz. : break-point chlorination and alumina treatment of raw water—settlement in open reservoir—filtration by pressure filters—lime dosage for pH correction—terminal chlorination or dechlorination as required.

There was a very dry spell from the last week in March to the first week in May when only one-tenth of an inch of rain fell over a period of forty days, although the river continued to yield a sufficient supply. Very hot spells also occurred and the daily consumption several times exceeded 4,800,000 gallons. These peak demands overtaxed the capacity of the Filter Plant and some restrictions on the supply were contemplated, but eventually not imposed.

In view of these difficulties, permission was received from the Minister of Housing and Local Government to proceed with the scheme for the extension of the Filtration Plant and work commenced in November, 1957.

The average daily consumption throughout the year showed a marked increase to 4,321,000 gallons. The estimated population supplied direct was 82,106 and in bulk 1,784. The average daily consumption in the area of direct supply, including trade, was 52.04 gallons per head.

The average doses of chemicals used for treatment were : chlorine (breakpoint dose) 3.6 p.p.m. ; alumina for coagulation 12.8 p.p.m. ; and hydrated lime for pH correction 5.4 p.p.m. Details of the bacteriological examinations carried out by the Public Health Laboratory Service (Director, Dr. B. Moore) are set out in Table VIII.

The Public Analyst made quarterly chemical and bacteriological examinations of both raw and treated waters, and details of two of these are given in Table VII.

The fluorine content (four analyses) averaged .046 p.p.m. (much the same as in 1956) which is low compared with what is considered desirable for the prevention of dental caries (1 part per million) ; and the water supplied to consumers was reported free from plumbo-solvency.

The new high level reservoir at Stoke Hill, together with the pumping and distribution mains for providing a piped supply to the northern area of the City, were brought into service towards the end of the year.

Table VII.

Public Water Supply, 1957.

Example of Analyses of Raw and Filtered Water.

	Results in Parts per Million. 9.7.57.		7.10.57.	
	Raw	Filtered	Raw	Filtered
Chlorine as Chlorides	17.0	23.0	12.0	14.0
Nitrogen as Nitrites	trace	0	trace	0
Nitrogen as Nitrates	1.3	1.3	1.0	0.9
Nitrogen as Free and Saline Ammonia	0.008	0	0.012	0.008
Nitrogen as Albuminoid Ammonia	0.186	0.128	0.060	0.050
Total Hardness as $CaCO_3$	82.0	97.0	51.0	52.0
Temporary ,, ,, ,, ...	66.0	65.0	28.0	26.0
Permanent ,, ,, ,, ...	16.0	32.0	23.0	26.0
Total Solids	145.0	170.0	110.0	115.0
Suspended Solids	0.4	0	0.5	0
Oxygen absorbed 4 hrs. 27°C.	1.6	0.9	0.7	0.5
Chlorine as free chlorine	—	0.12	—	0.25
Plumbo-solvency	—	nil	—	nil
pH	7.7	7.5	7.3	7.3
B.Coli per 100 ml.	160	0	1800	0
Streptococcus per 100 ml.	1	0	5	0
Microbes : 72 hrs. at 22°C per ml.	290	4	1400	2
48 hrs. at 37°C per ml.	45	1	350	0

PUBLIC CONVENIENCES.

Mr. Brierley tells me that permanent conveniences at Fore Street, Heavitree, were completed and the existing conveniences at Pinhoe Road, Whipton, were completely reconditioned. Free washing facilities were provided at Coronation Road, The Triangle, Broadway, Okehampton Street, Burnthouse Lane and College Road conveniences.

I am also indebted to Mr. J. Brierley, B.Sc., A.M.I.C.E., M.I.Mun.E., M.T.P.I., City Surveyor, for the following notes on sewerage and sewage disposal.

SEWERAGE.

In order to relieve flooding, sewers were constructed at Redhills and Homefield Road.

Foul sewers were reconstructed at Cowick Lane, Belmont Pleasure Ground, Heath Road, West Grove Road and Bungalow Lane.

The new Sewage Pumping Station at Mill Road, Countess Wear, was completed.

MAIN DRAINAGE.

Good progress has been made on the preparation of the City Main Drainage Scheme with the submission to the Ministry of the proposed Larkbeare Sewerage Scheme involving the laying of a large main stormwater sewer; and properties not previously on main drainage were connected to the sewers.

SEWAGE DISPOSAL.

Further experiments were carried out to determine the most effective way of preventing foam nuisance at the Works.

Table VIII.

EXETER PUBLIC WATER SUPPLY.

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1957 : EXAMINED BY PUBLIC HEALTH LABORATORY SERVICE.

	No. of Samples	Presumptive B. Coli count per 100 millilitres				
		0	1-2	3-10	11-50	50+
WATER AFTER TREATMENT.						
(a) AT TREATMENT WORKS	52	52	—	—	—	—
(b) ON CONSUMERS' SUPPLY : DANES CASTLE RESERVOIR ZONE	53	52	1	—	—	—
INTERMEDIATE ,, ,, ...	42	42	—	—	—	—
MARYPOLE HEAD ,, ,, ...	21	19	2	—	—	—
BARLEY LANE ,, ,, ...	23	23	—	—	—	—
STOKE HILL ,, ,, ...	1	1	—	—	—	—
TOTAL	192	189	3	—	—	—
(c) OTHERS :— BUILDING SITES, NEW MAINS, ETC.	143	54	13	24	24	28

In addition, 52 samples of raw river water were examined—generally these shewed gross pollution (over 1800 Presumptive B.Coli per 100 ml.) ; and also 36 samples of water whilst undergoing treatment for the purpose of checking the efficiency of various parts of the sterilisation plant.

PRIVATE DOMESTIC WATER SUPPLIES.

The annual survey of the wells in the city was carried out towards the end of the year and there are now only fourteen dwellings in the city which rely on wells and springs for the supply of water. These are situated as follows :—

Northern District	9
Western District	3
Southern District	1
Eastern District	1
	14
Number of farms, including four dairy farms served by wells	5
Number of persons served by wells	59

Samples of water from the wells and springs serving these houses were taken by the district inspectors for examination by the Public Health Laboratory Service and the results were as follows :—

Presumptive Coliform. Count per 100 ml.	*Number of samples.*
Less than 1	2
1 — 10	4
11 — 50	4
50+	4

Where the water had a high bacterial count, the occupants of the houses concerned were warned to boil water used for drinking.

SWIMMING BATH.

On eight occasions samples of the water in the Swimming Bath were taken for bacteriological examination, and with one exception, the water proved to be of high quality.

ANNUAL REPORT
OF THE
CHIEF PUBLIC HEALTH INSPECTOR
(F. G. Davies, F.R.S.H., F.A.P.H.I., A.M.I.P.H.E.)

Introduction.

This report, following the pattern of previous years, is in two parts : the first part comprising comment and the second part an analysis of the work done.

Part I.

Staff.

It is a matter of great concern that for the third time in four years I have to open my report with a reference to the acute staffing difficulties being experienced in this Section of the Health

Department and it may be of value to review the events which led up to the present very unsatisfactory position.

Early in 1954 one of the five district inspectors resigned; some months later two more resigned, and replacements were not obtained for these three men until March and April, 1955. This was practically equivalent to the loss of one inspector for nearly two years, and coming at a time when work was being resumed on slum clearance, it proved a setback from which we have not recovered. In order to cope with our difficulties, which were aggravated by new legislation (particularly in connexion with food hygiene), the Public Health Committee in October, 1956, sought the consent of the Establishment Committee to the appointment of two additional inspectors, but only one was approved. Despite repeated (and costly) advertising throughout 1957, we were not successful in attracting a suitable applicant for this post, nor for the additional vacancy created by the resignation of another district inspector who left in October, 1957.

Two requests to the South-western Provincial Council for permission to pay an additional £60 per annum to the inspectors were refused and towards the latter part of 1957 it was feared that there would be a complete breakdown in the work of the Section, as it was known that some of the remaining staff were applying for better paid appointments elsewhere. Because of this it was decided to pay the district inspectors an additional £60, and, in order to offset the extra expense thus incurred, it was decided to defer the appointment of the additional inspector for a period of two years. It was hoped by this expedient to retain the services of the existing staff and to meet our major obligations such as housing repairs and slum clearance, the inspection of meat and the investigation of complaints. I considered it essential that a 100 per cent. meat-inspection service should be maintained and that complaints from members of the public, particularly of their housing conditions, should be investigated as quickly as possible, although delays of a week or more are now common in this connexion. In order to do this and to proceed with the slum-clearance programme as scheduled, (but we are falling behind in this), it was necessary to re-allocate the work among the inspectors, with the result that some of our activities have been severely curtailed. Nowhere has this been more apparent than in the field of food hygiene and the following table, compiled from a random sample of one hundred food businesses in the city, shows how bad the position has become.

INSPECTION OF FOOD PREMISES KNOWN TO THE DEPARTMENT IN 1957.

(SAMPLE OF 100 PREMISES TAKEN MORE OR LESS AT RANDOM).

Premises not inspected during year	40
Premises inspected once	28
Premises inspected twice	15
Premises inspected three times	8
Premises inspected four times	3
Premises inspected five times, or more	6
	100
Number of actual inspections	134
Number of inspections which *should* have been made	1,200

The table is based on a sample of food premises known to the Department, but because it has not been possible to complete the survey of food businesses coming within the provisions of the Food Hygiene Regulations, the number actually operating must necessarily be more, so that the position is probably more serious than that indicated by the findings. I have on several occasions expressed concern at the progressive reduction in the number of visits made to food premises and because of this it is natural to expect a deterioration in the standard of cleanliness at these places. Unfortunately, what visits the inspectors have been able to make confirm this in far too many instances. It is disheartening to have to record this, particularly after we did such good work in the initial stages of the drive for safer food.

Office Accommodation

In the early part of the year, the basement of No. 5, Southernhay West was converted into one large office for the use of the district inspectors. The conversion has proved very satisfactory and I am glad to report that this has remedied the acute overcrowding which previously existed.

Clean Air Act, 1956.

Some sections of the Clean Air Act came into force on the 31st December, 1956, but the main provisions are not due to come into operation until mid-1958. After this date it will be an offence to permit dark smoke to issue from any chimney. The steps already taken by the City Council to implement this Act are as follows :

1. *Smoke-Control Areas.* Three proposed housing estates have been declared smoke-control areas. They are : Beacon Lane Estate and Brown's Nursery Estate at Dunsford Road, which are being developed by the City Council ; and the estate at the rear of Barley Lane which is being developed by private

enterprise. Details of the three proposed areas were submitted to the Ministry of Housing and Local Government, but approval has not yet been received. It is hoped that the City Council will later extend these zones, in stages, so that ultimately the whole city will be covered.

2. *Bylaws*—The Council adopted a bylaw whereby, in new buildings, the appliances provided for heating or cooking must be designed for the burning of gas, electricity, coke or anthracite.

Windscale Incident—Towards the end of the year, a much-publicized accident occurred at the atomic power plant at Windscale in Cumberland and radio-activity noticeably increased over a wide area of the country. We cannot say how this affected Exeter, but the filter papers from our smoke and SO_2 apparatus were requested by the L.C.C. and examined by the Atomic Research Establishment, at Harwell. This incident resulted in cows of the Windscale area yielding radio-active milk and a ban was placed on its sale. During the critical period however, and before it was known that the cows were affected, a number of cows in the area were sold and two were traced to an Exeter dealer. When the risk became known the dealer was informed and an assurance received that the milk from these cows would not be used until authorized by officers of the Ministry of Agriculture, Fisheries and Food.

Rent Act, 1957.

So far, the main effect of this Act on the Department has been the work entailed by the very large number of inquiries. Fortunately, the number of actual applications for Certificates of Disrepair has been remarkably small in comparison. In view of our staffing problems this is probably just as well, as each application entails a considerable amount of work, it being our practice (where the condition of the property warrants it) to serve a comprehensive repairs notice under Section 9 of the Housing Act, 1957, at the same time as the Rent Act documents are served.

Twenty applications for Certificates of Disrepair were received during the last six months of the year and twelve were granted; five undertakings from landlords were received and three were in abeyance for various reasons.

Housing.

On the 13th July, the Housing Act, 1957 (mainly a consolidating enactment) came into operation.

Slum Clearance. During the year fifteen clearance areas were submitted to the Ministry : ten of which were to be dealt with by clearance orders and five by compulsory purchase orders. In November, a public inquiry was held at Guildhall to consider the objections against the proposed compulsory purchase orders

and one of the clearance orders. Subsequently, the sites were visited by the Ministry inspector. At the end of the year we were still awaiting the Minister's decisions.

Improvement Grants. Detailed inspections of 41 dwellings were made as a result of applications for improvement grants. 23 of these were made on behalf of owner-occupiers. As in previous years, we continued to advise owners about the financial facilities available for improving their property, but the response to the scheme continues to be poor.

Congenital Tuberculosis in Calves.

It will be seen from the table on page 38 that no cases of congenital tuberculosis in calves were discovered during 1957 and this is the first time I have been able to record this since I took up my appointment here twelve years ago.

The Government's policy for the eradication of tuberculosis is being vigorously pursued and it is anticipated that by the end of 1959 all herds in Devon will be attested. There is no doubt that in the foreseeable future a case of tuberculosis will be a rarity in the abattoir, but at the moment large numbers of reactors are being sent in for slaughter by the Ministry's veterinary officers. Unfortunately they arrive in batches with the result that the meat inspectors often have to work overtime to make the necessary post-mortem examinations.

The Diseases of Animals (Waste Foods) Order, 1957.

This Order, which came into force on the 1st June, prohibits the feeding of unboiled waste foods to animals and poultry, and provides that such foods shall be sterilized by boiling for one hour in a plant licensed by the local authority. This Section is responsible for the inspection and supervision of such plant, seven of which are now licensed in the city. The premises were visited as frequently as possible and conditions were found to be generally satisfactory.

Rodent Control.

Reorganization. During the year the rodent control section was reorganized ; as a result, the rodent officer took on certain additional duties and it was possible to dispense with the services of one operator. The rodent officer was regraded to compensate him for the extra responsibility, but the reorganization resulted in a saving of approximately £400 per annum.

Rabbits. During the year the presence of rabbits was noted in Dawlish Warren camping field (Education Committee property), King George V playing fields, Canal Banks and four allotments. all possible steps were taken to eradicate them, but it would appear that rabbits are again becoming established generally.

Food Poisoning.

Twenty-one cases of suspected food poisoning and one of paratyphoid were investigated during the year : seven of the cases were confirmed. This involved 55 visits to the houses of patients and to the shops where the food concerned was served or sold.

Shellfish.

Samples of shellfish on sale in the city were regularly taken for bacteriological examination. All samples were found to be satisfactory.

Watercress.

It was not possible to conduct our usual comprehensive sampling of watercress sold in the city, but of the samples procured only two were slightly contaminated and from information available I am satisfied that in one case the contamination was not of human origin. It was not possible to trace the source of supply of the other sample.

Abattoir.

1957 was the third full year during which the abattoir was operated by the Exeter and District Meat-Trading Association, Limited, and the arrangements continued to run smoothly. All condemned meat continues to be sold to a private company which renders it down to tallow and fertilizers. Though the abattoir has been improved, conditions there still fall far short of modern requirements. It is unfortunate that so little progress has been made towards the provision of new premises.

Local Land Charges.

Information was supplied to the Town Clerk in 1,263 cases in reply to searches submitted under the Local Land Charges Acts.

Part II.

General Summary.

Number of visits made during the year	12,967
Number of samples taken	838
Number of carcases inspected	39,953
Total weight of foodstuffs condemned	72 tons

A.—Supervision of Food Supplies.

1. *Licensed Premises.*

The improvements effected in the licensed premises during the year, are as follows :—

Premises cleansed or redecorated	3
Premises in which water closets were provided	2
Other improvements	10

2. *School and University Canteens, etc.*

The number of establishments and particulars of the visits made are as follows :—

Classification of Schools, etc.	*Premises.*	*Visits Made.*
Local education authority school— kitchens and canteens	34	65
Special School canteens	2	—
Other schools with facilities for dinners	15	6
University Halls and refectory	10	—
Domestic science centres	11	3

3. *Market.*

47 inspections were made of the Higher Market, in Queen Street, where fruit and vegetables, etc. are sold. I met representatives of the Market and General Purposes Committee in June, when the requirements of the Food Hygiene Regulations were discussed and in view of the limited life of the Market a compromise was agreed. Following this, additional washing facilities have been provided for the ordinary stall-holders and some further improvements are scheduled for 1958.

4. *Food Premises Generally.*

The number of food premises known in the city is as follows :—

Butchers 80 ; Cooked Meats 11 ; Bakers and Confectioners, including sweet shops, 68 ; Fried Fish 26 ; Fresh Fish 25 ; General Provisions 243 ; Greengrocers 74 ; Cafes 34 ; Snack Bars 15 ; Dairies 33. TOTAL : 609.

5. *Registered Food Premises.*

There are 360 registrations under Section 16 of the Food and Drugs Act, 1955, affecting 341 business establishments. These are made up as follows :—

Storage of bulk ice-cream	3
Manufacture, storage and sale of ice-cream	38
Storage and sale of pre-packed ice-cream	244
Preparation or manufacture of potted, pressed, pickled or preserved food (including fried fish and chips)	50
Preparation or manufacture of sausages and potted, pressed, pickled or preserved food	22
Preparation or manufacture of sausages	3
TOTAL	360

6. *Improvements affected in Food Premises.*

Premises cleansed or redecorated	65
Hot water supply installed	8
Water closet facilities improved	4
Washing facilities provided	45
"Wash hands" notices posted	7
Other improvements, including repairs to walls, floors, etc.	184

7. *Slaughter of Animals and Meat Inspection.*

The number of animals slaughtered and inspected at the public abattoir and private slaughter-houses, together with reasons for condemnation, are set out below in the form prescribed by Ministry of Health circular 17/55. No horses or goats are slaughtered in the city.

	Beasts	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*
Number slaughtered	7,743	903	1,377	20,056	9,853
Number inspected	7,744	903	1,377	20,067	9,862
Diseases except Tuberculosis and Cysticercosis. Whole carcases condemned	14	19	45	211	92
Carcases of which some part or organ was condemned	3,863	327	35	1,523	1,651
Percentage of No. inspected affected with disease other than tuberculosis and cysticercosis	50.0	38.3	5.8	8.6	17.6
Tuberculosis only. Whole carcases condemned	16	6	—	—	3
Carcases of which some part or organ was condemned	228	50	1	—	326
Percentage of No. inspected affected with tuberculosis	3.1	6.2	0.07	—	3.3
Cysticercosis only. Carcases of which some part or organ was condemned	26	—	—	—	—
Carcases submitted to treatment by refrigeration	26	—	—	—	—
Generalized and totally condemned	—	—	—	—	—

8. *Condemnation of Food.*

During the year approximately seven tons of food, apart from meat, was condemned, involving the issue of 1,729 certificates. All of this food was buried at the Council tip.

9. *Milk.*

(A) *Chemical and Bacterial Quality.*

The following tables indicate the average chemical and bacterial quality of the milk sold in the city during the year :—

(*i*) *Chemical Quality.*

Designation	*No. of Samples.*	*Fat %*	*Non-fatty Solids %*
Tuberculin Tested (Channel Islands) (Farm Bottled)	13	4.36	9.1
Tuberculin Tested (Farm Bottled)	23	4.13	9.0
Tuberculin Tested (Channel Islands) (Pasteurized)	4	4.53	9.3
Tuberculin Tested (Pasteurized)	4	3.70	9.0
Pasteurized	11	3.61	8.7

(*ii*) *Bacterial Quality.*

Designation	*Number of Samples.*	*Samples Satisfactory.*	*Samples void owing to Air Temperature being over 65°F.*
School Milk (Pasteurized)	47	36	11
Pasteurized	28	16	12
Channel Islands (Pasteurized)	17	13	4
Tuberculin Tested (Pasteurized)	22	15	7
Tuberculin Tested (Channel Islands) (Pasteurized)	5	3	2
Tuberculin Tested (Farm Bottled)	62	47	—
Tuberculin Tested (Channel Islands) (Farm Bottled)	37	27	—

(B) *Testing for the Presence of Tubercle Bacilli.*

All milks consumed in the City are tested quarterly for the presence of tubercle bacilli. During the year, 117 samples were tested all of which proved negative.

10. *Ice-Cream.*

(A) *Cleanliness.*

87 samples of ice-cream were taken during the year and the gradings, according to the bacteriological standards suggested by the Ministry of Health, were as follows :—

Grade 1.	(Satisfactory)	77%	=	94%
Grade 2.	(Satisfactory)	17%		
Grade 3.	(Unsatisfactory)	2%	=	6%
Grade 4.	(Unsatisfactory)	4%		

(B) *Composition.*

The Food Standards (Ice-Cream) Order, 1953, prescribes the following standard for ice-cream : fat 5%, sugar 10%, milk solids other than fat 7½%. The average composition of the ice-cream sampled in the city was : fat 8.9%, sugar 13.1%, milk solids other than fat 8.7%.

11. *Sampling.*

During the year, 55 samples of milk and 109 samples of other foods were procured : 70 were formal and 94 informal. The following samples were found to be below standard and details of the action taken is shown in Appendix " A."

Milk	7
Pork Sausages	1
	8

12. *Court Proceedings.*

Legal proceedings were instituted in twelve cases under the Food and Drugs Act, 1955, and the Food Hygiene Regulations,

1955, and of these two were dismissed by the magistrates. Particulars are as follows :—

Butchers—One was fined £25 for exposing for sale a pig's head which was infected with Tuberculosis. (The condition of the head had fortunately been noticed by the district inspector when making a routine inspection of the shop). It was established that the animal had been killed in a slaughterhouse outside Exeter.

The case against another firm of multiple butchers, for selling fly-blown meat, was dismissed.

Grocers—One firm was fined £20, with 15/0 costs, for selling six ounces of sliced pork which contained fly larvae, and another was fined £8 for selling pearl barley containing weevils and Psocids (a species of small louse). A third firm was fined £10 for selling decomposing ham.

Bakers—one was fined £15 for selling a loaf which contained a cockroach ; another fined 10/0 for selling a fruit cake which contained a wasp ; and another fined £2 imposed for selling a loaf of bread which contained a piece of metal.

Farmer—fined £15 for selling "Channel Islands" milk which was not less than 30 per cent. deficient of milk fat.

General Dealers—Fined £5, plus 13/7d. costs, for selling a mouldy pork pie.

Cafe—Proprietors pleaded "not guilty" to serving a customer a portion of mouldy apple tart. The case was dismissed.

Licensed Premises—Licensee fined £20, plus £3 costs, for selling and exposing for sale, beef rolls unfit for human consumption.

12. *Shellfish.*

The following samples of shellfish were taken and the bacteriological findings were all satisfactory :—

Bottled mussels	3
Jellied mussels	1
Dutch cockles	1
Boiled winkles	2
Cockles in vinegar	1
Boiled cockles	5
Bottled cockles	5
Boiled mussels	2

13. *Merchandise Marks Acts*, 1887 *to* 1953.

151 visits were made during the year to ensure that the provisions of these acts were being observed. Apart from some verbal warnings, it was not found necessary to take any action.

14. *Labelling of Food.*

We continue to examine the labels of the various commodities on sale to the public, to ensure that they meet the requirements of the various labelling of food orders.

B.—Housing.

Housing Act, 1936, *Sections* 11 *and* 12.

Housing Act, 1957, *Sections* 16 *and* 18.

34 dwellings were represented to the Public Health Committee s being unfit for human habitation and not repairable at a easonable expense. They were dealt with in the following anner :—

Undertakings accepted under S.11(3) of Housing Act, 1936	25
Closing Orders made	7
Demolition Orders made	1
Outstanding at the end of the year	1

Informal Notices.

56 houses were rendered fit during the year without the ervice of formal notices.

Formal Notices.

Nineteen houses were rendered fit during the year, following he service of formal notices : 18 being remedied by the owners nd one by the Council in default of the owner.

Overcrowding.

a)	(i)	Number of dwellings known to be overcrowded at the end of the year	18
	(ii)	Number of families dwelling therein	26
	(iii)	Number of persons	100
b)		Number of new cases reported during the year	18
c)	(i)	Number of cases of overcrowding relieved during the year	19
	(ii)	Number of persons concerned in such cases	85
d)		Particulars of any cases in which dwellinghouses again became overcrowded after the Council had taken steps to abate overcrowding	Nil.

C.—Common Lodging-houses.

Five visits were made to the two common lodging-houses in ie city and conditions were found to be satisfactory.

D.—Movable Dwellings.

Eighteen inspections were made of movable dwellings in the ty and conditions were found to be satisfactory.

E.—Fertilizers and Feeding Stuffs.

Six samples of fertilizers and seven of feeding stuffs were procured during the year and all were found to be satisfactory.

F.—Rag Flock.

The four samples of rag flock taken during the year were found to be satisfactory.

G.—Deposit Gauges.

The three deposit gauges showed the following rate of deposition of solid matter in tons per square mile.

Month of :	Tons per Square Mile.		
	Dunsford Road.	*Danes Castle.*	*Marsh Barton.*
January	4.87	7.75	7.10
February	7.43	8.90	8.30
March	3.42	10.40	6.79
April	3.56	5.44	6.55
May	7.18	10.13	7.86
June	12.48	13.49	10.27
July	5.57	6.90	8.48
August	7.05	6.76	7.37
September	5.10	6.02	6.68
October	3.76	5.44	6.79
November	5.10	6.22	8.09
December	11.71	16.42	15.92
Total	77.23	103.87	100.2

H.—Rodent Control.

1. *Complaints.*

324 complaints were received during the year involving 296 properties and these were made up as follows :—

	Type of Premises.			Total
	Business	*Private*	*Local Authority*	
Rats	30	84	43	157
Mice	38	83	18	139
Totals ..	68	167	61	296

2. *Inspection and Treatment following Complaint.*

Type of Premises.	*Inspections.*	*Treatments.*
Business	805	224
Private	1,509	347
Local Authority	730	199
Totals ..	3,044	770

3. *Routine Inspections.*

Farms and smallholdings	12
Other businesses	183
Private houses	197
Local authority land	25
	417

4. *Sewer Treatment.*

The annual test baiting and bi-annual treatments of sewers, as required by the Ministry of Agriculture, Fisheries and Food, were carried out in April and October. Particulars are as follows :

Occasion.	*Baited Manholes.*	*Infested Manholes.*
Annual "10%-test"	210	74
April Treatment	273	193
October Treatment	301	108

J.—General Inspections, Etc.

Bakehouses.

Number in city	24
Number of underground bakehouses in city	—
Number of inspections made	66
Number of contraventions	2
Number of contraventions remedied	2

Bed Bugs, etc.

Number of inspections made	159
Number of Council houses disinfested by this department	24
Number of other houses :	
(i) found to be infested	25
(ii) disinfested by this department	25

Wasps and Hornets.

57 nests of wasps and hornets were destroyed during the year.

Cinemas, etc.

Number of cinemas, etc., in city	4
Number of inspections	28

Offensive Trades.

Number of businesses in city	12
Number of inspections made	38
Number of contraventions found	2
Number of contraventions remedied	2

Fried Fish Shops.

Number of fried fish shops in city	27
Number of inspections made	34
Number of contraventions found	6
Number of contraventions remedied	6

K.—Factories.

Factories (including Bakehouses), (Factories Act, 1937, ss. 1-7).

(A) Inspections for purposes of provisions as to health :

Premises.	Number on Register	Number of Inspections	Number of written notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	42	22	3	—
2. Factories not included in 1 (above) in which Section 7 is enforced by Local Authority	397	343	11	—
3. Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	78	56	5	—
Totals	517	421	19	—

(B) Cases in which DEFECTS were found :

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Remedied.	Referred To H.M. Inspector.	Referred By H.M. Inspector	
Want of cleanliness (S. 1)	—	2	—	1	—
Overcrowding (S. 2)	1	1	—	—	—
Unreasonable temperature (S. 3)	—	—	—	1	—
Inadequate ventilation (S. 4)	—	—	—	—	—
Ineffective drainage (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(*a*) Insufficient	4	3	—	—	—
(*b*) Unsuitable or defective	16	22	—	5	—
(*c*) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outworkers)	—	—	1	—	—
Totals	21	28	1	7	—

(C) List of OUTWORKERS :

NATURE OF WORK.	Number of Outworkers.
Wearing Apparel (Making, etc.)	41
Curtains and Furniture Hangings	10
Furniture and Upholstery	2
Church Embroidery	9
The making of Cardboard Boxes	14
Assembly of Electric Cables and Coils	43
Jewellery Repairs	1
TOTAL	120

APPENDIX "A"

Food and Drugs samples reported below standard.

No. of Sample.	Article.	Adulteration or Fault	Action Taken.
609	Milk	Contained 2 per cent. extraneous water. Freezing Point Test indicated 3 per cent. extraneous water	Presence of water unexplained—milk bulked and passed through pasteurising plant. In view of small amount of extraneous water, warning letter sent.
644	Milk (Channel Island)	Was 30 per cent. deficient of the proportion of fat proper to Channel Island Milk	Proceedings were taken in the Magistrate's Court, the defendant pleaded "guilty" and was fined £15 0s. 0d.
647	Milk (Channel Island) Appeal to Herd	Was 12 per cent. deficient of the proportion of fat proper to Channel Island Milk	
660	Milk (Informal)	Was 15 per cent. deficient in fat	Followed up by a Formal sample which proved to be genuine.
710	Pork Sausages (Informal)	Was 14 per cent. deficient in meat	Followed up by a Formal sample which proved genuine.
746	Milk (Formal)	Was 5 per cent. deficient in fat	See Appeal to Herd samples 752 and 753.
752	Milk (Appeal to Herd)	Non-fatty Milk solids 8.82% ; Milk fat 2.71%	Matter referred to Milk Production Officer.
753	Milk (Appeal to Herd)	Non-fatty Milk solids 9.16% ; Milk fat 3.10%	Matter referred to Milk Production Officer.

HOUSING.

Details regarding closures, house inspections, etc., are set out on page 41.

The City Architect (Mr. Harold Rowe, F.R.I.B.A., A.M.I.STRUCT.E.), tells me that dwellings were completed during 1957, as follows :—

New permanent dwellings by Council 244

New permanent dwellings by private enterprise 114

Total dwellings completed since the last war are as under :—

	Council.			Private Enterprise.		Total.
Constructed	Perm.	Temp.	Rebuilds	New	Rebuilds	
1945 to Dec. 31st, 1956	2,788	430	21	696	209	4,144
Jan. 1st to Dec. 31st, 1957	244	—	—	114	—	358
Totals	3,032	*430	21	810	209	4,502

* 8 temporary bungalows have recently been disposed of and the total now in occupation is, therefore, 122.

The Housing Manager (Mr. T. H. Baker) has kindly sent me the following information :—

The number of applicants on the current register (June, 1958) whose housing need is NIL or very slight is 607. The reason for suggesting this is that :—

Of this number 144 have no points.
,, ,, ,, 102 have 1 point.
,, ,, ,, 151 have 2 points.
,, ,, ,, 30 have 3 points.
,, ,, ,, 142 have 4 points.
,, ,, ,, 38 have 5 points.

As will be seen from the attached report, there are 684 applicants with less than one year's registration, the total number of applicants being 2,508.

The percentage of accommodation required has differed in that we now require :—

1 bedroom.	2 bedroom.		3 bedroom.	4 bedroom.
	without family.	with family.		
13%	20%	51%	14%	2%
	71%			

As compared with contracts now in hand :—

1 bedroom.	2 bedroom.	3 bedroom.	4 bedroom.
19%	40%	41%	—

Analysis of Applicant's Register — May, 1958.

Type of Accommodation Required.

Points	1B.	2B. (without family)	2B. (with family)	3B.	4B.	Totals
Miscellaneous	—	—	7	11	—	18
Nil	66	57	20	1	—	144
1	22	73	7	—	—	102
2	1	14	130	6	—	151
3	4	5	21	—	—	30
4	9	18	72	38	5	142
5	10	7	19	2	—	38
6	28	74	13	22	—	137
7	3	4	41	4	—	52
8	4	2	67	9	5	87
9	48	89	34	20	1	192
10	8	10	39	7	2	66
11	9	11	57	18	1	96
12	4	5	16	9	1	35
13	1	—	85	20	1	107
14	5	1	22	9	—	37
15	—	2	22	8	5	37
16	4	—	121	5	—	130
17	1	—	15	12	1	29
18	—	—	56	13	1	70
19	1	—	31	7	2	41
20	—	—	10	18	1	29
21	—	—	13	5	2	20
22	—	—	8	3	2	13
23	—	—	7	2	1	10
24	—	—	2	—	—	2
25	—	—	—	1	1	2
26	—	—	1	—	1	2
27	—	—	—	1	2	3
28	—	—	—	—	—	—
29	—	—	—	—	—	—
30	—	—	1	—	1	2
	228	372	937	251	36	1,824
% of Total	13%	20%	51%	14%	2%	

Applications with less than one year's registration : 684

Total 2,508

Quite apart from the families in houses or basements closed or demolished as individually unfit houses or basement rooms under the Housing Acts, of which 34 were referred to the Housing

Committee by the Health Committee, 195 families were referred to the Housing Department with recommendations as to points justified on medical grounds or because of insanitary conditions in 1957 and dealt with as follows :—

Reason Referred.	*Total*	*Re-housed*	*Approved for re-housing*	*Not Approved or Deferred*	*Applications Lapsed*
Tuberculosis	26	12	1	13	—
Statutory Overcrowding	1	1	—	—	—
Substandard Property	3	1	—	2	—
Social Overcrowding Conditions	64	30	4	27	3
Other Medical Social Reasons	4	1	—	2	1
Other Medical Reasons	97	50	2	40	5
Total	195	95	7	84	9

9 cases were brought forward from 1956. 4 were in regard to overcrowded conditions, 1 family was rehoused and 3 were deferred. The remaining 5 cases were brought forward for medical social reasons, 3 families being rehoused, and 2 were deferred.

LABORATORY WORK.

The Public Health Laboratory Service (Director Dr. B. Moore) undertakes the bacteriological examination of specimens of public health importance ; specimens are submitted by family doctors, by this department, and from other sources. Dr. Moore keeps in touch with me on any public health risks revealed. During 1957, the total number of specimens reported on, to us, was 631, exclusive of sputa, etc., for tuberculosis (discussed on page 00). We received reports on 155 specimens in suspected dysentery cases (18 were positive) ; on 46 specimens in cases of diarrhoeal disease, *e.g.* in infancy (all were negative) ; on 66 specimens examined for Salmonellae (6 were positive) ; on 328 ear, nose and throat swabs (55 were positive) ; on 15 Widal tests of Water Department employees (all were negative) ; on 21 other specimens examined (12 were positive, including 5 positives

for poliovirus type 1, and the first influenza virus type A to be confirmed in the influenza outbreak).

Anti-biotic resistant Staphylococci.

During the year, Dr. Moore continued his investigations in regard to Staphylococcus infection in hospitals. Staphylococci, a variety of bacteria, have long been known, but have not been regarded generally as serious invaders, although occasionally they have been found to be dangerous ; whereas the streptococci which cause scarlet fever, sore throat, etc., have, in the past, been regarded as the more serious enemies to man. The emergence of staphylococci resistant to various antibiotics is a significant event as hospitals up and down the country now recognise ; we have these organisms in hospitals in the City. The risk of wound infection, the risk of skin and other infections in newly-born infants, and the risk of massive lung infection as a complication of pre-existing disease (*e.g.* influenza), by staphylococcal invasion are now well realised. As carriers, temporary or permanent, are not at all rare, and as treatment of the carriers does not readily yield the desired results, the difficulty of coping with infections by this organism is very great. Our hospital infection committee, which includes general consultants, bacteriologists, matrons and the medical officer of health, has the problem under constant review.

Poliomyelitis Investigation.

We co-operated with the Medical Research Council in their investigation into the extent to which the virus of poliomyelitis was present in the faeces of young children.

Expectant Mothers.

Dr. Stewart Smith, Area Pathologist, Royal Devon and Exeter Hospital, as in previous years, examined blood samples from expectant mothers, and a great many of the samples are taken in his department.

The importance of Rhesus testing in pregnancy is now so well established that it is virtually a routine procedure. Careful interpretation to the results, with re-examinations, and if necessary, early admission to hospital for the confinement, and care of the baby, is essential if haemolytic disease of the newborn infant is to be treated at a stage where good results can be hoped for. The haemoglobin estimations show a rather higher proportion of less satisfactory readings than in 1956.

BLOOD TESTS IN PREGNANCY, 1957.

Haemoglobin %

40-49	50-59	60-69	70-79	80-89	90-99	100+	Not Known	Total
3	26	153	366	152	21	4	69	799

(Some patients may be included twice)

Wassermann and Kahn Tests
(for constitutional disease)

W.R.	+	2
W.R.	D.	2
W.R.	AC	16
Kahn	+	1

Blood Groupings

	Rhesus +	Rhesus —	Total
Blood Group : A	257	76	333
B	45	16	61
O	306	75	381
AB	21	2	23
Not Known	—	—	1
Totals	629 (79%)	169 (21%)	799

ACUTE INFECTIOUS DISEASE.

The year was notable for the Asian influenza epidemic, an unusually high incidence of poliomyelitis, a modest outbreak of scarlet fever of a very mild kind, a low incidence of food poisoning, dysentery and measles and more whooping cough than usual. Apart from the influenza and pneumonia deaths, the death rate from acute infectious disease in City cases was nil.

As has been pointed out by Dr. W. H. Bradley of the Ministry of Health, the control of infectious disease still depends on the thorough application of sound epidemiological control principles. The use of immunisation is an important adjuvant, but alone it is not sufficient for complete control. Immunisation is referred to on pages 90 and 92.

Asian Influenza.

An epidemic of influenza caused by a newly identified strain, the Asian strain of type A influenza virus, swept through the country in the later summer and autumn of 1957. Cases of influenza due to this virus were first reported in mid-August 1957 in Hong-Kong and Singapore where large numbers of cases occurred. During the following few weeks the epidemic spread rapidly through the neighbouring Asiatic countries and in to Australasia, an epidemic of influenza in China during February 1957 was probably due to the same virus. From Asia, the epidemic spread to Africa and the countries of the middle East. The first cases to be observed in Europe were in Holland during June. By the end of August cases of influenza due to this virus were reported to be occurring in this country. Anxiety was felt lest this might prove to be a pandemic with a second wave of heightened virulence as occurred in 1918/19, but fortunately, these fears were belied.

The epidemic was characterised by the unusual time of year of its occurrence and by its mildness. Although deaths from it were very few, what was noticeable about them was the relatively high proportion of school children and middle aged adults. The very young and the very old did not die from it in the proportion that past experiences of influenza epidemics have led us to expect. It has been suggested in Holland that the very aged might have met the influenza strain before, towards the end of the last century.

The first case known to us to have occurred in Exeter was in a man who fell ill on 9th September and influenza virus type A of the Asian strain was isolated from his throat. He had just come home from visiting friends in Middlesex where his young daughter had fallen ill with influenza. The epidemic slowly developed during the rest of the month and by the last week in the month there was a marked rise in the absences from several of the schools in the City and signs of increasing sickness among the adult working population. During October, influenza spread

rapidly through the child and adult population and by the week ending 19th October the peak of the epidemic had been reached. During that week, school absence was at its highest and there was the greatest number of new cases of illness in the adult working population (as shewn by Ministry of Pensions and National Insurance returns). Thereafter, the epidemic slowly subsided and by the week ending 9th November school attendances in the City as a whole were back to their seasonal normal though in a few schools which had been affected late the absences were still higher than normal. It was not until the end of the month, however, that the number of new cases of illness among the adult working population had returned to its normal for the season.

Symptoms. The symptoms were not different from those of previous influenza outbreaks, the familiar aches and pains, headaches and general malaise, were present. Sore throats were common and upper respiratory inflammation usual. Epistaxis appeared to be a commoner symptom than usual and one doctor commented on the unusual occurrences of menorrhagia as a sequelae. On the whole, the disease was mild and improvement usually started about 48 hours after the onset. Complications were few and only 36 cases of influenzal pneumonia were notified during the period of the epidemic.

A tendency to relapse was noted as a fairly common feature ; thus, about a week after the initial symptoms, when the patient was up and about again, a rise in temperature and a recurrence of symptoms were observed in a good many instances.

Deaths. There were 6 deaths in Exeter attributable to influenza, complicated (in each case) by influenzal pneumonia. Only 2 of them were in elderly people and 1 in a young infant. The death of the infant, who was aged 20 months, was very sudden, the child being found dead in her cot after being apparently in normal health a few hours before ; the mother was suffering from influenza at the time.

A schoolgirl of 13 suddenly collapsed with complete peripheral failure on the fourth day after she fell ill and died shortly after admission to hospital. Post-mortem examination shewed an influenzal pneumonia to be present.

Of the other 2 deaths, one was in a man of 45 who died from staphylococcal pneumonia after being ill from influenza several days ; the other was in a man of 64, who developed myocardial failure while suffering from influenzal pneumonia.

Influenza in the schools.

The first indication that the influenza epidemic had started in the schools was a drop in the attendances from 94% to 90% during the week ending 27th September. The epidemic spread

rapidly and the lowest attendance of 70% was recorded during the week ending 19th October. Thereafter, the attendances slowly began to rise and by the week ending 8th November, after the mid-term break, attendances were up to 94% again.

As some schools were affected early in the epidemic and some not until later, most of the schools at some time had their attendances dropping below the 70% level mentioned as the lowest average for the City. Once cases occurred in a school, the spread was rapid—for example, in St. James Girls' Secondary Modern School the attendance fell to 60% within a week. Stoke Hill Infants' had the lowest attendance of any schools when during the week ending 17th October their attendances fell to 50%. During the previous week, Episcopal Girls' Secondary Modern School and St. James Girls' Secondary Modern School with 55% and 56% attendances respectively were not much better. The Boys Secondary Technical School was the least disturbed by the epidemic and attendances there never dropped below 74%, perhaps accounted for by the open-air life they have there.

Private schools were similarly affected and residential schools suffered badly as one might expect. One school with 55 resident boys had 45 ill with influenza, 23 being bed cases at one time ; while another had 75 children confined to bed at one time. This imposed a considerable burden on the school staffs, but with the help of ambulant pupils and help given by V.A.D. members of the British Red Cross Society, nursing and feeding the children was accomplished successfully.

Effect on the Health Services.

The working of the Public Health Department was not much disturbed by the epidemic, none of the medical staff and only one health visitor succumbing to the infection. Only one or two of the clerical staff were off sick.

The home nurses had a considerable amount of extra work to do and a few of the staff being off with influenza during most of the epidemic period, increased the burden. The work was done and no call was left unanswered.

There were few extra calls on the home help service as a result of the influenza, but with members of the staff off sick some readjustment of the work was necessary.

The ambulance service continued to function satisfactorily in spite of drivers being off sick.

Vaccine. We tried to purchase vaccine for the Asian strain of influenza A for certain of the staffs of the public services and after much delay secured a supply, but by the time the vaccine arrived, the influenza epidemic in the City was more or less over. The Ministry of Health also made vaccine available for certain classes (general practitioners, home nurses, ambulance drivers, and hospital staffs were given priority), but again, the epidemic was well on its way before vaccine became available. This being a new strain of the virus, time was required first to develop and then to produce in sufficient quantity a suitable vaccine. The first issue reached us on 15th October. In all, between then and the end of the year, 23 general practitioners, 21 home helps, 19 home nurses, 6 health visitors and 13 ambulance drivers, received two doses of the vaccine.

Effect on the Public Services.

No disruption of the services of the police, fire brigade or buses resulted from the epidemic though some readjustment of duties and the working of overtime was necessary. It is interesting to note that in the Transport Department the majority of the cases of influenza were among the conductors.

Food Poisoning.

1. *Local Authority* : Exeter County Borough. *Year* : 1957

2. (*a*) *Food Poisoning notifications* (*as corrected to Registrar General*).

First Quarter.	*Second Quarter.*	*Third Quarter.*	*Fourth Quarter.*	*Total.*
1	2	4	Nil.	7

(b) *Cases otherwise ascertained.*

Nil.	Nil.	Nil.	Nil.	Nil.

(c) *Fatal cases.*

Nil.	Nil.	Nil.	Nil.	Nil.

3. *Particulars of outbreaks.*

	No. of outbreaks.		*No. of cases.*		*Total No. of cases*
	Family outbreaks	*Others*	*Notified*	*Otherwise*	
Agent Identified	1	Nil.	3	Nil.	3*
Agent not Identified	1	Nil.	2	Nil.	2

4. *Single Cases.*

	No. of cases.		*Total No. of cases*
	Notified	*Otherwise ascertained*	
Agent Identified	1	Nil.	1†
Agent not Identified	1	Nil.	1

Classified according to agents :

(a) chemical poisons	Nil.
(b) Salmonella typhi-murium	1†
(c) Staphylococci	3*
(d) Cl. botulinum	Nil.
(e) Cl. welchii	Nil.
(f) others	Nil.

5. *Salmonella infections, not food-borne.*

Salmonella (type)	*Outbreaks*		*No. of cases (outbreaks)*	*Single*	*Total No.*
	Notified	*Otherwise*			
—	—	—	—	—	—

The table above includes the modification required by the Ministry of Health in the form in which the food poisoning figures are set out. A separate section has been added for Salmonella infection which is not considered to be food borne ; this is a useful change as we realise more and more that diarrhoea found to be due to an organism of the Salmonella group is not necessarily a case of food poisoning.

Only seven cases were notified during the year.

In the first small occurrence in which 2 children in one family were involved, no pathogenic organisms were isolated from the stools of either. No particular foodstuff could be blamed.

The other outbreak was due to staphylococcus aureus poisoning and involved a man and his wife and a friend. The wife and a friend went with her children to the seaside and ate there some ham sandwiches which they had taken with them. Within a few hours both became ill with vomiting and later, diarrhoea. The children, who did not have the ham sandwiches, remained well. The husband, who had some of the same ham for lunch at home, also became ill. The ham had all been consumed so it was not possible to examine it, but staphylococcus aureus of a

food poisoning type was isolated from the stools of all these cases. The ham had been bought two days before and not stored in a refrigerator. No other person who had bought ham from the same premises was known to have been ill after eating it.

Typhoid.

One case of typhoid fever (unfortunately rapidly fatal), was notified during the year. This was, however, not an Exeter case, but a child who came from Chudleigh and was diagnosed in an Exeter hospital.

Paratyphoid.

There were no cases of paratyphoid fever notified during the year.

Dysentery.

Only 15 cases of dysentery were notified during the year, all of them being due to Shigella Sonne. There were two small outbreaks, the first during March in one of the Nurses' Homes of the Royal Devon and Exeter Hospital. Only 4 of the nurses were involved; 3 were proved to have Sonne dysentery, but in the fourth case, though clinically similar, no organisms were isolated.

The second outbreak occurred during July in the Buddle Lane Day Nursery. The first case was in a child who developed violent diarrhoea on the 5th July and the next day two other children had loose motions. Shigella Sonne was isolated from the stools of all three children. Specimens were then examined from all the other children and the staff and no pathogens were found in any. However, a few days later, 3 other children started to have loose motions and were excluded from the Nursery. Shigella Sonne was isolated from the stools of all these children. Specimens were again examined from the rest of the children and staff, but again with negative results. No other cases occurred after that. By the end of the month all but the first child to fall ill were back at the Nursery. He was slow to clear and it was not until a month later that his stools were clear of infection.

Scarlet Fever.

There were 153 notified cases of scarlet fever during the year, the majority of these (93 cases) occurring during the first quarter. The cases were all very mild and no complications occurred in any of them.

There were 3 outbreaks, all in infant schools, and all characterised by the extreme mildness of the illness, by the prolonged period of the outbreak and by the relatively small number of children affected.

(i) Whipton Infants' School (471 pupils on the rolls).

The first case in this school was notified on 5th October, 1957 and between that date and the end of March, 1957, there were 41 known cases of scarlet fever in the school.

In the corresponding junior schools, Whipton Barton and Summerway, there were 6 and 1 cases respectively during this period.

(ii) Countess Weir Infants' School (180 pupils on the rolls).

The outbreak in this school started on 2nd November, 1956, and lasted until March, 1957, though during this period there were only 16 cases of scarlet fever. For about six weeks, before the first case of scarlet fever occurred, it had been noted that 2 or 3 children were off school each week with acute tonsillitis and during the period of the scarlet fever outbreak 38 children were known to have been off school because of acute tonsillitis, almost certainly due to the same organism, and essentially the same infection, with varying responses in the individuals affected.

During the period the infants school was affected, there were 4 cases of scarlet fever in Countess Weir Junior School.

(iii). Stoke Hill Infants School (253 pupils on the rolls).

The first case in this school did not occur until 11th January, 1957, and there were 18 cases between that date and the 22nd March when the last case occurred. During the same period there were only 2 cases of scarlet fever in the nearby Stoke Hill Junior School.

The rest of the children and staff were examined in each of the schools on several occasions in an attempt to stop the outbreaks. Children with discharges from noses or ears were swabbed and excluded from school and any suspicious throats were swabbed. In a few cases haemolytic streptococci of Lancefield Group A were isolated and these children were referred to their own doctors and only re-admitted after negative swabs had been obtained. On each occasion when the schools were examined a few children were found with peeling skin and in every one of these cases the throat swabs were negative. None could give any history of recent illness. It is doubtful if these measures had any real effect on the outbreaks. The extreme mildness of the illness was probably the main factor for its persistence, as in many cases the illness was trivial and the rash transient as in the case of the children who were found to be peeling. These children and probably many others that we did not know of attended school during their infectious period. The infectivity of the organism was evidently very low otherwise the outbreaks would have spread rapidly. It remained more or less confined to the infant school in each area in spite of the fact that many of the children had older brothers or sisters or friends attending the junior schools. Nevertheless scarlet fever is not always so mild a disease.

Erysipelas.

There were 16 cases of erysipelas notified during the year of which 14 were facial, 1 on the neck and the other involving both legs. None was seriously ill and there were no deaths.

Diphtheria.

There were no cases of diphtheria notified during the year : this is virtually extinct in this country.

Whooping Cough.

There were 140 notified cases of whooping cough during the year, the bulk of them (109 cases) occurring during the spring and summer months.

The cases were for the most part mild and only in 8 cases could the illness be regarded as severe. Only two children were known to have had any complications. The first, a one year old child, developed convulsions during the illness and the other, a 13 year old girl, developed bronchitis which on X-ray was found to be associated with the collapse of part of one lung. Both made a satisfactory recovery.

The immunisation state of the cases this year was :—

Immunised against whooping cough	39
Not immunised against whooping cough	95
Immunisation state not known	6

Of the 8 more severe cases, 6 had not been immunised, 1 had and in one, it was not possible to ascertain whether he had been immunised against whooping cough or not.

Measles.

In urban areas it is usual to have epidemics of measles at intervals of rather less than two years. The last epidemic in Exeter was in 1955 when after a small outbreak in the spring, there was a large outbreak starting in October and continuing into the early months of 1956. An epidemic starting in 1957 would, therefore, have been expected, but this did not materialise. There were only 67 notified during the year. None of these was seriously ill and there were no serious complications or deaths.

Poliomyelitis.

During the ten years before 1947 there had only been 14 cases of poliomyelitis in Exeter. In 1947 the country was hit by its first major epidemic of poliomyelitis and more cases were notified that year than in any year since though in 1950 the figure was very close to it. In 1957, the country again had a rather severe epidemic, 4,841 cases being notified and confirmed. Compared with many other places, Exeter had comparatively few cases, having 27 confirmed cases of which only 9 were paralytic.

This, however, was the highest number of cases occurring in Exeter since notification of the disease was started.

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
Paralytic	7	1	4	13	2	2	1	5	5	0	9
Non-paralytic	1	2	0	2	0	0	3	1	12	0	18
Total	8	3	4	15	2	2	4	6	17	0	27
Deaths	1	0	2	3	0	0	0	0	1	0	0
Cases in England and Wales	7,776	1,855	5,982	7,760	2,614	3,910	4,547	1,960	6,331	3,200	4,841
Deaths in England and Wales	707	241	657	755	217	295	378	134	270	137	225

In addition, there were 10 cases with symptoms similar to non-paralytic poliomyelitis, but who shewed no cerebro-spinal fluid changes. Though it has not been found possible to identify any virus associated with these cases, it seems certain that they were virus infections. The evidence being inconclusive it is, of course, not possible to say definitely that they were not abortive cases of poliomyelitis where the virus did not pass into the central nervous system.

The 27 confirmed cases were spread out during the latter half of the year. The first case occurred on 17th May and the last on 23rd December. There were never more than 6 cases (in July) in any one month.

The first case notified on May 17th was in a boy aged 3. Visits on the same day to the contacts of the child revealed a case already slightly paralysed. It was discovered that a child from outside Exeter City had visited the Devon County Show on the previous day and became ill there, had to be treated in the Red Cross tent and was removed home by ambulance, later entering hospital. It was a very hot day and the ground was very crowded by, I believe, a record attendance. This child unfortunately died and we feared an explosive outbreak. Although there were a good many cases in the County of Devon during the year, we could count ourselves pretty fortunate in the city ; we had no deaths and the cases on the whole were not serious.

Examination of the faeces for the virus was made in 12 cases and poliomyelitis virus Type 1 was isolated in 9 of them. Of the 6 paralytic cases so examined the virus was isolated in 5 cases and in the 6 non-paralytic cases in 4.

It is interesting to note this year the frequency with which more than one member of a family or 2 playmates developed the disease. On two occasions, two sisters fell ill with poliomyelitis within a day or two of each other, a mother and her 4 year old son were affected and on two occasions 2 playmates developed the disease. In all these instances the longest period between the

2 cases was four days which suggests that they were infected from a common source rather than that one infected the other.

Cases in partially vaccinated persons.

The following cases in partially vaccinated persons should be recorded :—

(1) a girl aged nearly 3 years, the second notified case, but actually the first to occur in the City, had been vaccinated (1 dose in left upper arm) on 8th April, 1957. For (vaccine) supply reasons, she had not had a second dose when taken ill on 17th May, 1957 (39 days later) and developed a mildly paralytic (both legs) attack. She recovered well :

(2) a boy aged nearly 4 years, vaccinated (1 dose in left upper arm) on the same day (8th April) with the same vaccine as the above case ; his mother was notified as a case of non-paralytic poliomyelitis (onset 29th May, 1957) and cerebro-spinal fluid changes gave some support to the diagnosis. Routine enquiries about the household revealed that this boy had had fever, headache and sore throat, on 26th May, and he was removed to hospital though quite well by then. The cerebro-spinal fluid shewed no changes.

The long interval precludes all reasonable probability of any connection between the vaccinations and the occurrence of the disease.

Most of the paralytic cases have shewn very satisfactory recovery of function of the affected muscles, but, of course, improvement is likely to continue for many months. The progress described below for 9 paralytic cases is up to the end of February, 1958, and is not necessarily the final state of recovery.

G.S.	Onset 23.5.57.	Still some weakness of right arm.
C.B.	Onset 17.5.57.	Minor degree of weakness of some trunk and hip muscles. No disability.
C.F.	Onset 31.7.57.	Complete recovery.
R.L.	Onset 17.8.57.	Was ill on holiday in Exeter with grandparents and has now returned home. Present condition not known.
J.B.	Onset 13.10.57.	Still complete paralysis right arm.
T.R.	Onset 14.10.57.	Still some weakness left leg. This does not interfere with walking, but makes running difficult.
E.H.	Onset 18.11.57.	Residual weakness of right leg of fairly severe degree.
J.S.	Onset 29.11.57.	Still some weakness right leg.
J.G.	Onset 7.12.57.	Still slight weakness in trunk muscles, but shewing steady improvement.

A case in an Exeter girl has come to light in 1958. She left the City to visit her family in Africa in June 1957 and unfortunately developed severe poliomyelitis 46 days after leaving Exeter. It can be taken that this was not contracted in the city.

Onset.

We have felt that the onset of poliomyelitis (as notified) in the City, *i.e.* in Exeter residents, was usually rather late in the year. An enquiry on this point, however, does not show anything very consistent, at any rate in recent years.

	Date of 1st Cases.	*Total Cases.*
1947	October	8
1948	(2 cases in January)*	
	October	3
1949	April	6
1950	(1 case in January)*	
	August	15
1951	November	2
1952	September	2
1953	June	4
1954	March	6
1955	July	17
1956	No cases	—
1957	May	27

* These cases in January are regarded as the terminal cases of the previous year's outbreak.

Meningococcal Infection.

Two cases of meningococcal infection were notified during the year. Only one was an Exeter case, the other coming from a country area, but diagnosed in an Exeter hospital.

The Exeter case was a nurse in the Children's Ward of the City Hospital. There had been no cases of meningococcal infection in the ward for a considerable time. No source of infection could be traced and no other cases developed among the staff or children in the hospital.

Pneumonia.

87 cases of pneumonia were notified during the year, but as it is certain that pneumonia is undernotified, this cannot be regarded as a correct figure. There were 3 deaths among the notified cases though there were 35 persons in which cause of death was registered as pneumonia (not necessarily primary).

Of the notified cases 18 were over 60 and 16 under 1 year old. Influenzal pneumonia was this year, with 50 cases, the most prevalent type to be notified.

Ophthalmia Neonatorum, 1957.

Two cases occurred in Exeter in 1957—the first in a child aged 13 days who developed a sticky right eye the day after discharge from the maternity home. The mother had had a septic skin condition on her breast. The child was removed to the Eye Infirmary and treated with penicillin and sulphatriad; swabs were not taken. The other case was a baby moved from

the County to the City Hospital at 2 days old with haemorrhagic disease of the newborn. The left eye was found to be discharging profusely a few hours after admission and a swab on culture yielded a strong growth of Staph. Pyogenes insensitive to penicillin : it is interesting to note that the eye responded well to saline irrigations and 1% argyrol drops. The child was transferred back to the County a few days later when the eye was clear.

Puerperal Pyrexia, 1957.

Cases Notified	Cause	Pathological Investigations	Confinement : Home	Confinement : Hospital
20	Uterine or Pelvic	16	4	16
20	Breasts	4	6	14
14	Reactionary	1	1	13
13	Respiratory	4	10	3
13	Urinary	11	1	12
7	Other	6	2	5
12	Not known	9	1	11
99		51	25	74

In 1957 there were 99 cases of puerperal pyrexia notified and pathological investigations were carried out in 51 cases. The influenza epidemic in the autumn helped to swell the pyrexia figures this year ; and temperatures of short duration following operative procedures (*e.g.* Caesarean Section) in the Royal Devon and Exeter Hospital were, quite properly, notified.

Pathological investigations were made in 9 out of 11 cases where the cause of pyrexia was obscure ; they were all negative. Haemolytic Streptococci, Lancefield Group A, were found in 4 cases—3 delivered at home (one midwife was concerned with all three), and 1 in hospital. All the staff concerned were carefully examined and repeat swabs were taken but the source was never found neither was there any subsequent infection in contacts.

The 7 " other " cases included 5 cases of infection in Caesarean Section or episiotomy wounds, 1 case of anaemia and 1 of phlebitis.

Pemphigus Neonatorum, 1957.

Two cases of pemphigus occurred, one in H.M. Prison and one at home on the district.

In the former case the umbilical scar was moist and unhealthy and both the mother and the midwife attending had colds. No swabs were taken but the spots responded quickly to treatment with gentian violet and sulphonamide powder. The baby was isolated and the midwife treated him until he was clear, afterwards taking appropriate measures for disinfection.

The district case was very slight. The umbilicus was clean and the child was 10-11 days old when one spot was found on the thigh. Swabs of the spot were negative, as also were nose and throat swabs of the mother.

Table IX.

ACUTE INFECTIOUS DISEASE

CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1957, AFTER CORRECTION FOR CHANGE OF DIAGNOSIS.

Disease	Ages of Cases Notified													Exeter Cases admitted to Isolation Hospital
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Total	
Scarlet Fever	1	2	7	14	18	98	4	4	2	2	1	—	153	19
Whooping Cough	7	15	17	19	10	59	9	—	1	2	1	—	140	4
Measles	1	7	5	5	6	29	5	2	2	—	—	—	62	1
Erysipelas	—	—	—	—	—	—	1	—	2	4	4	3	14	3
Meningococcal Meningitis	—	—	—	—	—	—	—	—	1	—	1	—	2	—
Polio. (Paralytic)	—	—	3	3	—	2	2	—	1	—	—	—	11	11
Polio (Non-Paralytic)	—	—	—	3	1	4	1	4	5	2	1	—	21	21
Pneumonia (Primary)	15	2	3	1	—	—	2	—	1	4	8 (2)	7 (1)	43 (3)	1
Pneumonia (Influenzal)	—	—	—	—	—	5	2	6	11	4	7	9	44	12
Ophthalmia Neonatorum	2	—	—	—	—	—	—	—	—	—	—	—	2	—
Puerperal Pyrexia	—	—	—	—	—	—	—	9	74	14	1	—	98	—
Dysentery	1	1	1	3	1	—	—	1	5	2	—	—	15	4
Food Poisoning	—	—	—	—	—	2	—	—	2	—	3	—	7	1
Para. Typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	1 (1)	—	—	—	—	—	1 (1)	1
Enteritis	5	1	—	2	2	1	1	2	1	—	1	2	18	13

(Figures in brackets represent deaths).

Table X.

ACUTE INFECTIOUS DISEASE

EXETER CASES OF NOTIFIABLE DISEASE NOTIFIED DURING 1957.

After Correction both for Residence and for Revised Diagnosis.

Disease	Ages of Cases Notified													Exeter Cases admitted to Isolation Hospital
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	35-64	65 and over	Total	
Scarlet Fever	1	2	7	14	18	98	4	4	2	2	—	—	152	19
Whooping Cough	5	14	17	19	10	59	9	—	1	2	1	—	137	4
Measles	1	7	5	5	6	29	5	2	2	—	—	—	62	1
Erysipelas	—	—	—	—	—	—	1	—	2	4	4	3	14	3
Meningococcal Infection	—	—	—	—	—	—	—	1	—	—	—	—	1	—
Polio (Paralytic)	—	—	3	2	—	2	1	—	1	—	—	—	9	9
Polio (Non-Paralytic)	—	—	—	3	1	3	1	4	5	1	—	—	18	18
Pneumonia (Primary)	10	1	2	0	—	—	—	—	1	4	8	6	32	1
Pneumonia (Influenzal)	—	—	—	—	—	4	2	6	10	4	7	9	42	12
Ophthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Puerperal Pyrexia	—	—	—	—	—	—	—	8	61	8	1	—	78	—
Dysentery	—	1	1	3	1	—	—	1	5	2	—	—	14	3
Food Poisoning	—	—	—	—	—	2	—	—	2	—	3	—	7	1
Para. Typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis	5	1	—	2	2	1	1	2	1	—	1	2	18	9

Table XI.

ACUTE INFECTIOUS DISEASE.

MONTHLY INCIDENCE OF NOTIFIED CASES OF INFECTIOUS DISEASE DURING 1957 AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Cases admitted to Isolation Hospital
Scarlet Fever	33	26	34	21	9	6	5	6	—	5	2	6	153	19
Whooping Cough	1	5	13	21	19	17	17	16	19	4	—	8	140	4
Measles	2	1	3	4	3	3	4	9	3	9	7	14	62	1
Erysipelas	2	2	3	1	1	—	—	—	2	2	1	—	14	3
Meningococcal Infection	—	—	1	1	—	—	—	—	—	—	—	—	2	—
Polio (Paralytic)	—	—	—	—	3	—	—	3	—	2	2	1	11	11
Polio (Non-Paralytic)	—	—	—	—	2	6	6	1	2	—	1	3	21	21
Pneumonia (Primary)	2	9	11	4	3	4	—	3	—	1	1	5	43	1
Pneumonia (Influenzal)	—	1	2	2	2	—	—	—	3	24	8	2	44	12
Ophthalmia Neonatorum	1	—	1	—	—	—	—	—	—	—	—	—	2	—
Puerperal Pyrexia	4	9	7	12	6	9	8	4	15	10	8	6	98	—
Dysentery	2	—	5	—	—	—	6	—	2	—	—	—	15	4
Food Poisoning	—	—	1	—	2	—	1	3	—	—	—	—	7	1
Para. Typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	1†	—	—	—	—	—	—	—	—	1†	1
Enteritis	1	4	2	1	1	1	1	—	3	1	2	1	18	13

Table XII.

ACUTE INFECTIOUS DISEASE.

MONTHLY INCIDENCE OF EXETER CASES OF INFECTIOUS DISEASE NOTIFIED DURING 1957
AFTER CORRECTION FOR CHANGES OF DIAGNOSIS.

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Cases admitted to Isolation Hospital
Scarlet Fever	33	26	34	21	9	6	5	5	—	5	2	6	152	19
Whooping Cough	1	5	13	20	19	16	17	16	19	4	—	7	137	4
Measles	2	1	3	4	3	3	4	9	3	9	7	14	62	1
Erysipelas	2	2	3	1	1	—	—	—	2	2	1	—	14	3
Meningitis	—	—	1	—	—	—	—	—	—	—	—	—	1	—
Polio (Paralytic)	—	—	—	—	2	—	—	2	—	2	2	1	9	9
Polio (Non-Paralytic)	—	—	—	—	2	4	6	1	1	—	1	3	18	18
Pneumonia (Primary)	2	7	6	3	2	4	—	1	—	1	1	5	32	1
Pneumonia (Influenzal)	—	1	2	2	2	—	—	—	3	22	8	2	42	12
Ophthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Puerperal Pyrexia	4	7	4	9	6	7	6	2	12	10	6	5	78	—
Dysentery	2	—	4	—	—	—	6	—	2	—	—	—	14	3
Food Poisoning	—	—	1	—	2	—	1	3	—	—	—	—	7	1
Para. Typhoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis	1	4	2	1	1	1	1	—	3	1	2	1	18	9

Table XIII

THE BLIND.

Follow-up of Registered Blind and Partially Sighted Persons — 1957.

	Cause of Disability							
	Cataract		Glaucoma		Retrolental Fibroplasia		Others	
	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted
(i) Number of cases registered during the year in respect of which Sec. F, para. 1 of Form B.D.8 (Revised) recommends : (a) No treatment.	8	—	1	—	—	—	5	1
(b) Treatment : (Medical, surgical or optical).	2	5	3	—	—	—	5	—
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.	1	4	1	—	—	—	5	—

SPASTICS.

There are 43 known cases of cerebral palsy which have come to the notice of the department (at 31st December, 1957). There is little doubt that there are far more cases than is suggested here, though we think the ascertainment up to school leaving age is fairly complete. Mild cases may be missed. 2 new cases were discovered during the year, 1 girl aged 6 years and 1 woman aged 24 years.

The tables below shew the present position of the patients in relation to occupation, education, etc. :—

TABLE OF SPASTICS.
(According to type and handicap)

Type	Total		*Spastic*		*Athetoid*		Handicap					
							(A). Severe		*(B). Mod.*		*(C). Mild*	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Hemiplegia	14	6	14	6	—	—	1	1	2	3	11	2
Monoplegia	2	—	2	—	—	—	—	—	1	—	1	—
Diplegia	5	2	4	2	1	—	—	1	3	1	2	—
Paraplegia	5	3	5	3	—	—	1	1	1	1	3	1
Quadriplegia	1	5	—	4	1	1	—	4	1	1	—	—
Others	—	—	—	—	—	—	—	—	—	—	—	—
Totals	27	16	25	15	2	1	2	7	8	6	17	3

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TABLE OF SPASTICS.
(According to placing etc.)

Age Groups	Sex		*At Home*	*Day School*	*Day Special School*	*Residential School*	*Occupation Centre*	*Working*	*Training College for Handicapped Persons*	*Hospital for Mental Defectives*
	M.	F.								
0—4	1	1	2	—	—	—	—	—	—	—
5—14	14	9	—	12	4	4	3	—	—	—
15—64	12	6	4	2	—	—	—	9	1	2
65 plus	—	—	—	—	—	—	—	—	—	—
Totals	27	16	6	14	4	4	3	9	1	2

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EPILEPTICS.

We know of 136 epileptics, (32 boys, 34 girls, 39 men and 31 women) in the City, *i.e.* 1.7 per thousand of the population. It is quite likely that the numbers shewn in the table below of ages 15 years upwards are a substantial under-statement. Of the 73 above 15 years of age, 29 are working, but I have no doubt far more than this number of epileptics are working and managing perfectly well.

There were 11 new cases discovered during 1957 (5 boys, 2 girls, 2 men and 2 women). Of these 2 children under 4 years of age are at home, 4 boys and 1 girl attend ordinary schools in the City ; 1 man is working, and 1 is in a mental hospital, 1 woman is working and the other attends the Adult Training Centre.

TABLE OF KNOWN EPILEPTICS (at end of 1957).

Age Groups	Sex		*At Home*	*In Special School*	*Day School*	*Working*	*In Colony*	*Adult Training Centre*	*In M.D. Institution*	*In Hospital*		*In Hostels*
	M.	F.								*Mental*	*General*	
0— 4	3	5	7	—	—	—	—	—	—	1	—	—
5—14	28	26	8	1	43	—	1	—	—	1	—	—
15—64	37	32	21	—	—	29	—	1	2	14	—	2
65 plus	3	2	1	—	—	1	—	—	—	2	1	—
Totals	71	65	37	1	43	30	1	1	2	18	1	2
	136											

NATIONAL ASSISTANCE ACTS, 1948 AND 1951.

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION.

No compulsory removals were effected during 1957 though 15 old people had been referred to us as possibly appropriate for such action. The home help and home nursing services helped the great majority of these persons. The number referred in this way is certainly increasing.

MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL.

149 medical examinations were made in relation to employment in the Council's service (129 of them were in regard to admission to the superannuation scheme) ; 62 were X-rayed. Additionally, 13 were examined regarding sickness or return to employment ; other examinations 5 ; total 167.

1 man was rejected for employment and 1 man was retired on medical grounds.

CIVIL DEFENCE.

(Ambulance and Casualty Collecting Section).

Ambulance Officer : F. G. Ireland.

10 new members were enrolled during 1957, but 3 resigned, 4 were transferred, 1 enlisted in the R.A.F. and 1 died ; making a " paper " strength of 113 ; this being one more than in the previous year. 2 who have resigned were taught to drive while in the section.

The instruction of learner drivers seems hardly worth while ; in a real emergency there would probably be a sufficient number of qualified drivers with plenty of experience wanting to come into Civil Defence. It would seem that a further effort is needed to secure the interest of owner drivers and lorry drivers in Civil Defence, their specific duty being to drive, service, and maintain Civil Defence Corps vehicles. The syllabus of training might be modified accordingly for those concerned mainly with motor transport.

The number of men in the Section is lamentably very small. The work of casualty collection is heavy for women.

A Bedford Utility Ambulance was issued on loan from the Ministry of Health in May. It was used for training and garaged in temporary accommodation at Tan Lane Depot. The maintenance and servicing of this, and the Casualty Collection vehicle, is at present carried out at the Fire Station but when the new garages are completed both vehicles will be accommodated at Tan Lane Depot. The City Engineer has agreed, also, that the maintenance and repair work will be done in his department.

The Ambulance is borrowed by other Local Authorities for training from time to time.

The Ambulance and Casualty Collecting Section gave a good account of itself at the South Western Region Civil Defence Competition at Tavistock in May, 1957, and it was placed third in an entry of six teams in the Rowe Cup at Exeter in July, 1957.

CHILDREN'S COMMITTEE.

The Medical arrangements are unchanged and remain as described in my previous reports.

CHILD NEGLECT.

The Child Care Committee met on the first Wednesday of every month during the year. There were no changes in the membership of the Committee. 10 new cases were discussed during the year in addition to the review of many of the cases opened in previous years and it was found possible to close 1 case. The discussion usually ends with agreement on some line of action that should be taken and just as important, who is best able to deal with the case.

The names of certain families, usually well known to every member of the Committee, keep appearing on the agenda. These are the real problem families of the City and, fortunately, are few in number. In all these families there is either low intelligence or mental instability or frequently both in one or both of the parents. In such cases, complete social rehabilitation is probably not possible. Our main aim is to try and ensure a reasonable standard of care for the children and to tide them over the various crises which arise in such families.

Rent arrears is becoming a more common reason for cases to be referred to the Child Care Committee. When financial difficulties arise, the rent is very often the first payment to be abandoned, though it should be the very last. In the majority of cases the cause of the financial difficulties is not so much a small income as poor budgeting. Advice given in planning the budget often helps to resolve the problem. A frequent contributory factor in creating financial difficulties is too heavy commitments on hire purchase. While hire purchase is often a good thing and is now an accepted part of our social structure, it is a temptation to some to commit themselves to more expense than their incomes can cover. Something then has to be sacrificed, probably payment of the rent or the children's food and clothing, sometimes both. Some less reputable firms use high pressure salesmanship, even going to the length of calling at houses to persuade people to buy on hire purchase things they cannot afford and frequently do not even need.

Bad housing conditions are liable to lead to deterioration not only in health, but also in social adjustment and in moral standards. It is gratifying to report that one family that had been causing us considerable anxiety—one child had been in repeated trouble through petty thefts, and standards of cleanliness and child care were considered to be poor—has been rehoused in a Council house and since then their standards have improved unbelievably and the boy has not been involved in any stealing since they were rehoused nearly a year ago.

Free home helps were granted to two families whose standards were poor and it was thought that the guidance from a home help might be beneficial. In one case, help was given for five weeks and in the other for eight weeks. In the first case, eventually for medical reasons the mother was not considered fit to look after the children and they were taken into care, but the home help did ensure adequate care for the period mentioned. In the second case, there was some improvement and the provision of the home help was well justified.

PUBLIC HEALTH ACT, 1936.
(Sections 187-195).

Registered Nursing Homes and Nursing Agencies 5

There was no change in 1957 : at the end of the year there were 5 registered nursing homes and 1 registered agency.

NURSES ACTS 1943 AND 1945.

Registered Agencies 1

The Homes and Agency remain registered as in 1956.

LOCAL HEALTH SERVICES.
(National Health Service Act, 1946).

HEALTH CENTRES.

No progress was made in regard to General Practitioner health centres. At the present time these are not desired by the family doctors of the City.

MATERNITY AND CHILD WELFARE.

MATERNITY.

Confinements. There were 1,728 live and stillbirths notified in the City in 1957, of which 560 were to mothers not normally resident in Exeter. Additionally, there were 27 live and stillbirths to Exeter mothers who were confined elsewhere. Of all these Exeter babies 457 (38%) were delivered at home and 738 (62%) in hospitals, etc.

Ante-Natal and Post-Natal Care.

The Council's medical ante-natal and post-natal clinic was closed on the 17th April, 1957. The midwives' sessions continued as in previous years. (See Table XIV).

It is felt that the discussions held in 1956, as requested by the Ministry of Health in Circular 9/56, between local health authority staffs, general practitioners and hospital staffs on the early detection and treatment of toxaemia of pregnancy and the need for closer liaison between all three branches of the midwifery service have been useful. Free home help in certain cases of toxaemia of pregnancy has been allowed by the City Council (See page 82).

Relaxation Classes.

188 classes, mainly for mothers in their first pregnancy were held, 357 mothers making 2,213 attendances.

Mothercraft Classes.

Miss White, Deputy Superintendent, continues to give these classes at the Exeter Maternity and District Nursing Home twice in the month. Each mother is invited to attend twice in all.

Child Welfare.

Child Welfare Centres.

These continued as usual. The babies under 1 attending for the first time numbered 812, equal approximately to 69% of the number of babies born in the city during the year—a marked increase over recent experience in the City. In all the clinics the number of children attending during the year was 2,444, making 15,720 attendances (this includes 304 at the toddlers' clinics). The children included 708 born in 1957, 609 born in 1956 and 1,127 born during the period 1952 to 1955. (See Table XV).

Toddlers' Clinics.

At the Whipton Toddlers Clinic, run on the appointment system, 173 appointments were sent out ; 153 children attended, averaging 14 per session. The Eastern Toddlers Clinic was held 10 times during 1957, when 151 children over the age of $1\frac{1}{2}$ years attended. As in the past these special sessions for toddlers enabled us to see and examine many children who had not been seen for a year or more.

Carious teeth, strabismus and various postural defects of the lower limbs were the main defects referred for treatment. Children with defects of hearing and speech and minor and major degrees of backwardness were also brought for investigation.

Orthopaedic Treatment.

19 cases were referred from infant welfare clinics to The Princess Elizabeth Orthopaedic Hospital in 1957. The majority of the children were referred on account of the disparity in size and length of one or other lower limb and for varus and valgus

positions of the ankles and knees. There was one case of marked hemiatrophy.

Health Visitor Consultation Sessions.

In response to what appeared a real need, opportunities for mothers to consult the health visitors on family and medico-social problems were afforded at two of the welfare centres ; in one of them, the mothers with substantial family problems have found this opportunity very useful ; it is in the nature of social case work in which the mother herself by discussion with a sympathetic, informed health visitor, clarifies the problems confronting her and is then in a better position to tackle them. In such work, of course, the number of individuals helped in a session will be relatively small, but the work done is very rewarding, albeit slowly. In the other centre, health education and childhood problems seem to have bulked larger in the content of the discussions. These health visitor consultation sessions have proved very useful.

	Adults	*Children*	*Sessions*	*Commenced*
Shakespeare Road	61	18	15	Sept.
Whipton Clinic	2	57	7	Nov.

Mrs. S. Smith, J.P., who has been a voluntary worker at child welfare centres in the City for 39 years retired because of ill health during the year. Her comments are interesting. " I think perhaps the most striking changes that I have noticed over the years is that with almost full employment and higher wages, the mothers now come to the infant welfare centre to obtain knowledge rather than material benefits. Gone are the days when practically everybody came, initially, to get free milk or Virol and free medical advice. The cup of tea and a chat was the only social outing most mothers could afford, and the annual coach trip to the seaside, for which they saved a few coppers a week, was for many their only day's outing of the year. The higher standard of living has also brought about a change in the mothers' and children's appearance—and gives very little indication of the salary or wage earning group to which they belong.

The progress from the inadequate premises of St. Sidwell's Institute and Whipton Institute to the Whipton Health Clinic, I should also like to mention."

Provision for the Unmarried Mother and her Child.

The illegitimate birth rate in 1957 was unchanged at 0.6 per 1,000 population. The live illegitimate births in 1957 were 5.1% of all live births, about the same as the national proportion (5.2% in 1956).

The City Case Worker (Miss P. M. Kevan) reports that she dealt with 76 current cases (including 9 continued from 1956) ; this was an increase of 6 over the previous year.

The year's work followed the usual pattern and the young women and girls dealt with came from every type of home. (See Table XX).

St. Olave's Home.

Report for the year ending 31st December, 1957.

Number of admissions .... (including 5 Exeter residents)	17
Number of children adopted .... (including 4 Exeter mothers' babies)	9
Number of children taken by mothers or relatives	6
Number of children fostered	2

There have been a number of structural improvements and considerable re-decoration effected in the Home during this period. Staffing has not been an easy matter.

Since December, 1957, the domiciliary midwives have been responsible for the midwife care in the Home; Dr. N. Sims (Medical Officer to the Home), and in some instances the mothers' own doctors, are responsible for the medical care.

St. Nicholas House.

(Owned by the Exeter Diocesan Moral Welfare Council).

This Home, which has been exempted from registration under the Public Health Act, 1936, by the Council, on certain conditions, continues to be busy. 48 mothers were admitted; 25 of the 46 mothers discharged took their babies with them: 14 babies went to adopters, 2 went to institutions and 5 to foster parents. The average length of stay was four and a half weeks before and five weeks after confinement. One Exeter mother with her baby was in the Home at 1st January, 1957, and was discharged during year, having been resident ten months. This case has had a happy conclusion, the baby, after a period in a Council nursery, having been taken home by her mother, now happily married. No other Exeter mothers were admitted in 1957. The Council's midwives delivered 34 mothers in the Home.

Buddle Lane Day Nursery.

Priority cases have accounted for 40% of those attending the nursery, but no child has been admitted without substantial reason. Two babies ($7\frac{1}{2}$ months and 9 months), both priority cases, were admitted and have progressed well. The standard of home care of all children has been good, and their general physical and mental health has been satisfactory.

The average daily attendance during the year has been 16.

Since early February, the nursery has been closed on Saturdays because the average Saturday attendance had been so poor.

During the year there have been one case of scarlet fever, one of whooping cough, one of mumps, three of chicken-pox and six of Sonne dysentery.

Six children have attended the Dental Clinic for treatment, and the annual dental inspection was made in October.

Medical examinations of all the children were made in March, August and November.

One child attended the Speech Therapy Class for the one term previous to entering school.

Nurseries and Child Minder's Regulation Act, 1948.

During 1957, there was one registered nursery, which was visited by the Senior Assistant Medical Officer of Health three times and the Deputy Medical Officer of Health once (for 24 children).

There are no child minders registered at present.

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1957.

(J. B. Clark, L.D.S., R.C.S. (Edin.)).

The number of mothers attending this year increased somewhat, although the numbers remain much the same over the years. Those who attended were keenly interested not only in the care of their own mouths but also in the care of their babies' teeth. More and more are realising the necessity of using the tooth-brush—a soft one, and gently, of course—on their babies' teeth as soon as they erupt. Probably the greatest advantage of the Maternity and Child Welfare priority dental service is in securing a receptiveness in expectant and nursing mothers to dental health education.

The St. Thomas dental clinic was opened in March of this year and has been very much appreciated ; no longer need the St. Thomas patients trail over the busy Exe Bridge to the Central clinic.

The Council's 3 full-time dental officers all take part in the maternity and child welfare dental service.

The Exeter and District Nursing Association were again very helpful and I would like to thank them for their co-operation.

Table (a).

Mothers and Children provided with dental care.

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing mothers	109	105	83	79
Children under five years	272	229	219	210

Table (b).

Forms of Dental treatment.

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	36	128	—	—	255	44	35	28	3
Children under five years	—	199	15	—	378	190	—	—	—

41 mothers were supplied with dentures.

Expectant and Nursing Mothers.

Of the 109 inspected, 91 were expectant mothers including 7 referred by Dr. Hinde from the council's medical ante-natal clinic, 64 by midwives, and 20 by private doctors ; 18 were post-natal cases. Of the 63 dentures supplied to a total of 41 patients, 21 were full uppers, 14 full lowers, 16 partial uppers and 12 partial lowers.

Pre-School Children.

272 pre-school children were examined including 13 in Buddle Lane Day Nursery (of whom 9 had sound mouths) and 259 whose parents desired treatment or who were referred from child welfare clinics.

While we perform a very useful service in relieving pain by the extraction of septic teeth, I feel the more important part of our work is done with children who attend for routine treatment. There is no doubt that the children under five who attend regularly for dental treatment have a great advantage over those who do not. Not only does it mean the parents are keen, but we guide them on to good dental habits which keep their teeth healthy. Tooth-brushing and regular visits to the dentist are habits one cannot start too young.

Anaesthetics.

Dr. Bertha Hinde retired on 30th April, 1957 and I would like to take this opportunity of thanking her for her help in the past. Since 1st May, 1957 Dr. G. M. Higgins has administered anaesthetics for us and her help has been much appreciated.

I would like to thank the Medical Officers and the health visitors and nurses, as well as the staff of this department for their co-operation and assistance during the year.

DOMICILIARY MIDWIFERY.

(See also Table XXI, Page 113).

457 (38%) of the 1,195 babies born to the City mothers during 1957 were born at home : 10 of them were born in private houses (with relatives, etc.) outside the city ; 738 (62%) were born in hospitals and other institutions : this proportion is roughly the same as in the country as a whole (64% in 1956). The total number of births notified in the City during 1957 (including those born to non-Exeter residents) was 1,728. It should be noted that the figures used in the vital statistics earlier in this report refer to registrations : as registration of birth is allowed up to six weeks after the birth, the two sets of figures are not identical.

Midwifery.

Organisation. This remains unchanged.

Staff. At the end of the year there were the Superintendent, 1 Assistant Superintendent (Midwifery), 6 midwives and 6 pupil midwives, all resident in the Exeter Maternity and District Nursing Association's home.

Education and Training.

(*a*) *Pupils* : during the year 10 pupil midwives sat the Central Midwives Board's examination, Part II, and all passed ; of these, 4 subsequently returned to our staff to take Queen's training, 2 went to work in maternity hospitals, 2 returned to their general training school to which they were under contract, and 2 went to work in general hospitals. There is no difficulty in getting sufficient pupils. I am indebted to the hospital consultants (especially Mr. Russell, Mr. Jefferiss, Dr. Brimblecombe and Dr. Powell) for the help they give us.

(*b*) *Midwives* : 3 of the staff attended a week's residential post-graduate course—1 in London, 1 in Cardiff and 1 in Bristol.

Transport. By the end of the year 15 cars and 7 motorcycles owned by the City Council were in use. These vehicles form a pool used by both midwives and home nurses, priority being accorded to the midwives. In addition, 7 members of the staff used their own cars. We are grateful to the City Fire Brigade (Chief Officer—Commander H. Willey, M.B.E.) for the care and attention they give our vehicles.

Confinements. 483 (including 1 in Prison) of the mothers confined in the City in 1957 were attended by the City's domiciliary midwives : in all but 16 cases (9 by forceps) the midwives actually delivered the babies ; 3 of the mothers had twins, 8 of the 486 babies born were to mothers whose home addresses were outside the City, and a further 34 babies were to mothers in St. Nicholas Home of whom none was an Exeter resident. This

arrangement, begun in March, 1956, has been quite satisfactory and from December, 1957, the domiciliary midwives undertook the midwife-care of the mothers delivered in St. Olave's Home for Unmarried Mothers, Exeter. In all, 14,572 visits were paid to mothers either during the pregnancy, the labour or the lying-in period. A further 2 domiciliary confinements were attended by private midwives; and 5 mothers were delivered in prison (1 by an Exeter Maternity and District Nursing Association midwife, 3 by the midwife on the prison staff and 1 by the doctor).

32 of the babies delivered by the domiciliary midwives were premature; 8 of these were transferred to hospital; 2 of them died.

The home midwives continued to supervise the welfare of the newborn infants attended by them at home, for the first three weeks of life. The midwives frequently supervise the welfare of the mother and child beyond 21 days (178 cases in all). They also made 890 visits to 97 infant feeding problem cases mainly referred by doctors. The weekly report to the Superintendent Health Visitor about all these various infants has been continued.

Early Discharge from Hospital.

The number of midwifery cases discharged from hospital (in practically all cases, the Royal Devon and Exeter Hospital) before the fourteenth day of the puerperium, was 152 and as will be seen from the table, it is a figure which has steadily increased over the past few years. Of course, although the normal puerperium (as defined in the Midwives Rules) is fourteen days, nowadays a great many mothers leave hospital at about the tenth day, and there is nothing sacrosanct about the fourteenth day or the tenth day; even so, it can be seen that there has been a steady increase in the mothers leaving before the tenth day of the puerperium and a relatively much greater increase in the number of those discharged before the sixth day; thus, during the year 42 mothers were discharged by the end of the fifth day, as compared with figures round 20 in preceding years. This necessarily involves a great deal of home care by the domiciliary midwives; 2,221 visits were paid by the midwives to these nursing mothers compared with 1,868 in 1956 and 1,299 in 1955. When the new maternity unit at the City Hospital is opened, no doubt, the *necessity* for such early discharge will be less.

A good deal of discussion (based upon a memorandum by Dr. H. Hall-Tomkin of Exeter and correspondence by Dr. D. S. Foster of Tiverton, both general practitioners) on the desirability of increasing greatly the proportion of mothers being delivered in maternity units with related very early discharge from them, has been going on in the City. It is a very complex issue, and one on which the Cranbrook Committee will no doubt give some guidance.

City Patients discharged from Hospital Maternity Units during Puerperium to the care of Domiciliary Midwives. Day of Discharge.

Year	Total No.	Day of Discharge									
		2nd	3rd	4th	5th	6th	7th	8th	9th	10th	Over 10th
1952	75	—	4	8	9	5	3	3	7	9	28
1953	105	—	4	—	6	8	11	5	10	12	49
1954	135	1	6	9	6	10	8	10	15	11	59
1955	126	1	6	7	5	9	7	14	7	13	57
1956	136	1	5	5	12	13	11	16	7	10	56
1957	152	2	13	13	14	13	6	9	6	11	65

Visits by Domiciliary Midwives to Mothers delivered in Hospital.

Year	Discharged with 7 days of confinement	Discharged with 14 days of confinement	Discharged after 14 days	Subsequent Health Visits after 14th day	Total
1952	317	642	153	—	795
1953	204	768	166	259	1,193
1954	461	1,186	147	307	1,640
1955	498	1,159	140	266	1,565
1956	470	1,205	346	317	1,868
1957	773	1,415	492	314	2,221

Oxygen was used for 13 babies on the district and in three of these cases also during the transfer of the baby to hospital. Intra-gastric oxygen was used on five occasions, four of these babies responded, the remaining infant never showed any sign of life (this was the baby of a mother booked for delivery in Mowbray House—the baby was born before the arrival of the ambulance, who then called a midwife ; this case is referred to under stillbirths (page 21). This was the only baby of the 13 where oxygen was used, which failed to revive.

Analgesia. All our domiciliary midwives are qualified to administer gas and air analgesia. In 375 of 483 deliveries conducted by them (*i.e.* in 78%) gas and air was administered ; other analgesia (trilene, etc.) was given in 47 cases, and in all other cases there was some good reason why it should not be administered, including 26 refusals by the mother ; in 277 cases pethidine was given ; of the 5 midwives in private practice and prison practice, 1 was qualified to administer gas and air analgesia. (See Table XXI).

We have 3 trilene apparatus in use by the domiciliary midwives. Trilene was employed alone in 32 cases ; in combination with gas and air in 122 cases (including 81 cases where pethidine or pethilorfan was employed) and with pethidine only in 15 cases.

Medical Aids (*i.e.* midwives' requests for assistance from doctors). 7 medical aid notices (all from hospital midwives) were issued by midwives. 366 other notifications by midwives in respect of stillbirths, artificial feeding, etc., as required by the rules of the Central Midwives Board were received. (See page 113).

Supervision of Midwives. (Midwives Acts 1902-1951). The Council as the Local Supervising Authority had an obligation from January 1st, 1958 to secure the provision of refresher courses, approved by the Central Midwives Board, for all midwives who have not within the previous five years taken such a course or who have not qualified within that period.

In all, 64 midwives gave notice of intention to practise within the City. These included 41 employed by hospitals, 1 employed at St. Olave's Home (for unmarried mothers), 15 employed by the Exeter Maternity and District Nursing Association on behalf of the City Council, 2 employed in the prison and 2 engaged in private practice. There were 1,188 deliveries in Exeter hospitals (29 of the mothers had twins and 1 had triplets), 16 in St. Olave's Home, 33 at St. Nicholas House (34 babies) and 5 in prison. Of the mothers delivered at home, 2 were attended by private midwives, the remainder, 442 by the Exeter Maternity and District Nursing Association midwives, and 3 by doctors.

Miss Reynolds (Supervisor of Midwives) made 4 visits to private midwives, a number of visits to the Exeter Maternity and District Nursing Association and 2 visits to one nursing co-operation, 75 visits to maternity homes and hospitals (re 73 puerperal pyrexia investigations and 2 cases of " sticky eye.")

Relaxation Classes. The arrangements were unchanged, Mrs. Rew continuing as part-time therapist. The attendances at the classes totalled 2,213 (188 sessions) ; 357 mothers attended and they like coming. A health visitor attends once in each series to talk to the mothers and also a midwife and pupils attend to explain the process of labour and the use of a gas and air machine and trilene.

Free Home Help. This was available to expectant mothers who were ill and required such help to enable them to stay in bed; it was provided in 7 cases, all of whom were suffering from toxaemia; all had living babies, 5 of them delivered at home. We think this service is useful, especially during the present shortage of hospital beds, as otherwise not one of these seven mothers would have been able to get complete bed rest.

Birth Control.

A Birth Control Clinic is conducted by the Exeter and District Women's Welfare Association. Cases suitable in the sense of the Ministry of Health's Memorandum 153/MCW are referred to the local authority and granted financial assistance. Since 1930 a total of 329 cases has been referred.

HEALTH VISITING.

Organisation. Miss C. M. Wilkinson was appointed Superintendent in April, 1957. The Finance Committee allocated one more " casual car user " allowance, making three in all. Otherwise, the general organisation and staffing was unchanged.

Education and Training. Two health visitors attended refresher courses.

As part of their continuing in-service education, many of the health visitors have attended day and evening lectures on professional subjects, such as health education methods, deafness, mental health, adoption, and also clinical demonstrations kindly arranged by Dr. Brimblecombe and Dr. Stoneman. As well, several of the staff have attended the monthly meetings of the Social Workers' Luncheon Club held monthly at the Council of Social Service rooms where it has been profitable to meet colleagues in other specialised fields of social work.

Maternity and Child Welfare work. The number of visits paid by health visitors to babies under 1 was 1,113 first and 5,003 subsequent visits. The number of visits to children between the ages of 1 to 5 years was 9,215. The total number of visits to expectant mothers was 1,013, including 752 first visits.

Clinics. The number of children attending the clinics for the first time during the year was :—

Age at first attendance	Under 1 year	Over 1	Under 2	Over 2	Under 3	Over 3	Under 4	Over 4	Under 5
Number	812	50		51		53		35	

This shews a substantial increase over the figures for the preceding year, especially in the number of babies under 1 year attending.

Illegitimate Infants. The Moral Welfare Case Worker (Miss Kevan) co-operates well with the health visitors, who are chiefly concerned with the ultimate follow-up of these cases. It appears that where " rough care " is the order of the day in a household these children are more accepted in the family circle. There were

76 illegitimate children born and brought up in Exeter during the last five years. The health visitors made a total of 1,424 visits to their houses. A great difficulty experienced in visiting these mothers and babies is the frequency with which their addresses are changed.

Selective Visiting. In view of the increasing range of visits expected from the health visitors, selective visiting is essential. From the administrative point of view this makes routine work very difficult.

Infectious Disease Visits. These are counted top priority visits. Urgent afternoon visits are dealt with on a rota system. 604 visits were made (distinctly fewer than in 1956), as follows :—

measles (47), whooping cough (151), scarlet fever (169), poliomyelitis (97), dysentery (35), various (105).

Old People. There were 106 old people on our visiting lists in 1957 which necessitated 623 visits in the year. We have been concerned in securing better housing and living conditions, hospital or hostel accommodation, clothing, bedding, mid-day meals and religious contacts as desired. We have been in touch with many official and voluntary organisations on these matters.

Prevention, Care and After Care.

Diabetic After-Care. A health visitor attends at the Royal Devon and Exeter Hospital Out-Patient Clinic for Diabetics. Each new case that is brought to her notice is followed up, re-assured and any appropriate advice is given. There were 12 new cases during the year and to these and others brought forward from the previous year, 260 visits were paid in all. A Diabetic Club (a branch of the Diabetic Association) is being formed by patients in the City in 1958, which should prove useful.

Work with Problem Families. We have 48 families in the City regarded as problem families, *i.e.* with chronic and severe social difficulties not amenable to the ordinary forms of social care. These are scattered throughout the City, but not evenly. All the health visitors try to assist the problem families in their own areas and 264 visits have been made to them during 1957. It has been felt better to continue in this way than to try to specialise in this work. 18 of these families, where there are children under school age, have, amongst others, been discussed by the Child Care Committee which is attended by the Superintendent Health Visitor and as seems necessary by another health visitor.

School Nursing. The arrangements whereby the health visitors undertake school health work in the nursery school and in infants schools continued as described in my previous report.

School nursing in Beacon Heath Infants School (newly opened) and St. David's Infants and Junior Schools was carried out by the health visitors.

Health Education. During the school terms, at the Education Committee's Homecraft Training Centre, Mrs. Stannard has continued to teach mothercraft subjects to the school leavers after which each class was taken to an Infant Welfare Centre to observe its function and usefulness.

Twenty-seven other informal talks and lectures have been given, including eighteen to Mothercraft Classes and five to nursing students.

Evening Visits. On the whole these are rare. During the poliomyelitis epidemic several evening visits were paid to collect the necessary information regarding contacts. Occasionally, the health visitors relieve the T.B. Health Visitor at her evening clinic when she is on holiday. Nowadays, when so many parents are both out working, visits have sometimes to be made later in the afternoon or in the early evening. It is not uncommon for the health visitors to be still clearing up their clinics at 6 p.m. after busy sessions.

Poliomyelitis Virus Survey. The health visitors took part in the Medical Research Council's Poliomyelitis Virus Survey : this was designed to ascertain the carrier state distribution of poliomyelitis virus in the population by examining for the virus, the stools of young children selected at random in the population, at certain fixed ages. This was important in view of the intensive poliomyelitis vaccination campaign. During this survey we got in contact with many families with whom we had lost touch.

Co-operation with other agencies.

(1) *Midwives and Home Nurses.* The Superintendent Health Visitor meets the Superintendent of the E.M.D.N.A. weekly to interchange information.

(2) *Mental Health and Child Guidance Services.* Each health visitor has in 1957 attended three case conferences held by the Child Guidance Team, with a view to securing greater insight into the problems of maladjustment. The Psychiatric Social Worker (Mrs. Jenkin) of the Mental Health Department " rooms-in " with the health visitors in their offices ; she is, therefore, able to advise us on many of our cases, and may visit herself as seems necessary : seven new cases were handled in this way during the year. As the mental health workers are in an adjoining office, we have no difficulty in arranging any necessary interchange of information.

(3) *The Hospital Service.* We are indebted to the Almoners and their staffs for all their help and suggestions in arranging rehabilitation. After-care visits during the year numbered 245.

(4) *Family Doctors.* Contact between general practitioners and the health visitors is improving, with more correspondence and telephone discussions about child patients and general after-care.

(5) *Voluntary bodies engaged in social work.* We are indeed very grateful for the co-operation of the many voluntary social services (notably the British Red Cross Society) and for all their help with the families that are suffering hardship and times of stress. The provision of clothing, bedding and meals, washing of clothes, chiropody, arranged convalescent holidays, escorts and sitters in (to allow hospital appointments to be kept), have all been arranged by voluntary workers.

(6) *Central and Local Government Bodies.* We co-operate in the most friendly way with the Children's Department in relation to adoption, boarding out, and other problems with a basis of common concern to both departments.

HOME NURSING.

Organisation. This remained unchanged.

Premises. During 1957 we took over a house (16, Howell Road), which provided (a) a top floor flat for use of the senior nurse, who formerly lived some miles away, (b) sleeping accommodation for 5 nurses.

Staff. At the end of the year the staff comprised the Superintendent (jointly for Midwifery and Home Nursing), an Assistant Superintendent (Home Nursing), 18 Queen's Nurses (including 1 man) and 5 Queen's Candidates ; thus all the permanent staff were appropriately trained—a very satisfactory state of affairs.

Education and Training.

Candidates. During 1957 we have applied the new syllabus of Queen's training ; in October, the Education Officer of the Queen's Institute visited the Centre and expressed satisfaction with the training given. During the year, 13 Queen's candidates sat the examination ; all passed ; of these, 7 remained on our staff ; the other 6 had been trained on behalf of other authorities.

Home Nurses. 2 of the staff attended a three day course in London, arranged by the Queen's Institute in conjunction with St. Thomas's Hospital, London, on " Lifting and Body Dynamics." 1 nurse attended a one week residential course on nursing.

Other. The arrangements for the student nurses in their third year of training at the Royal Devon and Exeter Hospital to accompany our nurses on the district have continued as before.

Transport. At the end of 1957 we had 15 cars and 7 motor-cycles owned by the City Council as a common pool for both mid-wives and home nurses, the former having priority. In addition, 7 of the home nurses have used their own cars.

Visiting. 3,152 cases, including 2,711 new cases, were nursed during 1957 and the total number of nursing visits was 96,234. Casual visits, where no treatment was necessary, num-bered 1,073. No request for nursing help at any time is ever refused. Late evening visits numbered 1,558, usually in order to make very ill patients comfortable for the night, to administer sedatives prescribed by the doctor, etc.

The number of cases requiring home nursing seems to be stabilising at rather more than 3,000 a year. But the visits have increased, largely, I believe, because they are really desirable, and are practicable. The nursing staff work very hard.

It is worth noting that the number of cases and the number of visits for simple senility and post-stroke, have declined appreci-ably, but diabetes visiting has increased. This may be due to the increasing-age factor, because it is recognised that diabetes in the elderly—whilst less fatal—may cause more complications needing home nursing care, than diabetes at younger ages, when it is more dangerous to life, but more amenable to medical care ; older patients are also less capable than the younger of learning to give their own insulin injections.

Of all the groups whom the nurses attend principally for the purpose of giving injections, the largest comprises the diabetic patients. 20,465 visits were paid to a total of 118 diabetic patients during 1957, nearly all of them being for injections ; of the 118 patients, 58 were new cases.

The care of carcinoma patients is very important and the home nurses do a great deal in this connection. The Marie Curie Foundation has made (in 1958) a grant for certain " extras " for suitable cases.

The table below is a summary of table XXII (page 114). The figures are very comparable with those of 1956.

HOME NURSING DURING 1957.

	New Cases	Total cases nursed	Total visits	% of cases over 65 years of age
Degenerative Diseases and Senility	822	1,190	73,420	75%
Tuberculosis	28	34	2,069	15%
Acute Disease incldg. infectious disease	1,048	1,070	11,246	30%
Maternity and Gynaecology	306	320	2,015	53%
Accidents	74	91	2,818	51%
Others	435	449	4,666	37%
Totals	2,713	3,154	96,234	51%
Casual visits (Not Nursing)	1,073			

The Superintendent is responsible for managing the nursing loans service, the laundry service, and, except for the financial aspects, the night home help service (discussed on page 90).

PREVENTION, CARE AND AFTER CARE.

(Section 28, National Health Service Act, 1946).

Nursing Equipment Loans.

The nursing loans service is an important help to the sick and their families. Although a nursing loans service has always been part of the home nursing service, the scope has widened enormously since 1948 and the number of loans issued has more than doubled over the past six years.

Year	*No. of Loans.*
1952	1,337
1953	1,563
1954	2,099
1955	2,346
1956	2,384
1957	2,799

It is interesting to note how the kind of equipment available has extended in range and purpose : this has not been consciously planned, but has come about by greater capacity to meet the needs as our stock has built up. In 1948 we were concerned with what may be called the run of the mill articles, such as back rests,

bed pans, mackintosh sheets, commodes, air rings and similar articles. We had to build up a substantial stock of these to meet the obvious needs of the sick nursed at home ; we still find, for example, that the demand for commodes is more than we can meet. Next, we turned to the means of ambulation, enabling sick and convalescent persons to get about—the number of wheeled chairs was increased steadily from 1954 ; we now have 17 wheeled chairs as compared with 4 in 1951, and still we have not enough ; tripod walking sticks were introduced in 1955. After that, we tried to ensure that facilities could be made adequate for home care so as to obviate the necessity for hospital care. Fracture boards (introduced in 1955), nursing hoists (in 1955) and lifts (in 1957), sheets and blankets (of which the stock has been much increased since 1953), towels and nightdresses, electric steam kettle, etc., have been gradually introduced. Single bedsteads are often requested in order to nurse a patient in a ground floor room. The laundry service for old people comes in here, too ~~—its progress is shewn in Table~~ . Hoists and lifting devices (we now have 7 of various kinds) are expensive and can only be added in small numbers to our stock, but they are very useful and give great assistance to those who would otherwise be bedridden. A hoist is, however, only available for one patient at a time, and in a long-continued case of severe disability, the hoist may be in that home for months on end. No one type of hoist is satisfactory for all kinds of cases.

We have recently provided what can only tenuously be called a nursing aid, but nevertheless, one of much usefulness in a preventive medical aspect, viz. : a paraffin heater : this is for use in very cold rooms—*e.g.* where an old person or an exceedingly young baby is cared for, and where other heating is temporarily unavailable or inadequate : it has been used for an elderly patient without any heating in the room, for a baby during severely cold weather where the heating appeared adequate but the baby was "hypothermic" i.e. very cold and really in great danger, and on two other occasions where a newly delivered baby was cared for in a room inadequately heated.

We have bought a small van (instead of a car) which can be used alternatively as convenient for transporting a nurse or nursing equipment.

In 1950 the Council decided not to make charges for loans and I am able to say that this policy has been very well justified. Articles lost or damaged unreasonably are very few ; they must, however, be replaced by the borrower.

The total number of articles of nursing equipment in stock is 1,262, including 479 sheets, pillows and blankets. The number of loans made, exclusive of loans of blankets, sheets and pillows in 1957, was 2,459 ; in addition, 340 items of bedding were issued (to 150 cases) : and the use made of these is gauged best by the

number of launderings involved, viz : 5,329 within the linen service (see page 88).

The Laundry Service. This began in 1953 and is mainly used for incontinent patients living alone or cared for by an elderly relative : we are grateful to the Exeter and Mid-Devon Hospitals Management Committee who launder the articles for us at a very moderate charge. During the year, 6,697 articles were laundered, including 4,230 draw sheets ; 138 persons were helped. These figures are more than four times as great as the corresponding figures for 1954. We regard it in most cases as an essential to success to use linen provided by the Local Authority ; it is so much simpler to manage, and the patients appreciate it. The patient's own laundry is not, therefore, laundered as a rule, except when there is very foul linen already in a house when the nurse first visits. This, we mark and send to the laundry.

Night Home Help. 111 persons were helped in this way, in 24 instances for more than fourteen nights ; most of them were very ill indeed or awaiting hospital care ; nearly half (42) were dying patients. 3 of the families helped subsequently made their own arrangements for continuing night care. Ex-nursing orderlies have been found very useful for this work. The charge made is 16/- for the first night and 15/6d. thereafter—with a less assessment for those unable to pay the full charge. This help is necessarily of a temporary kind.

IMMUNISATION AND VACCINATION.

Poliomyelitis vaccination dominated the scene this year. The response of the parents was excellent ; the teachers co-operated splendidly and the doctors have been most helpful. The press, too, gave most useful support.

Immunisation against tetanus (by tetanus toxoid) was introduced in October, 1957, and was offered as a routine to young children—the combined triple prophylactic (*i.e.* combining diphtheria, pertussis and tetanus antigens) being used for the most part.

Owing to the occurrence of cases of poliomyelitis in Exeter and the surrounding area, immunisation with multiple antigen was stopped during the four months from June to September ; a recent report by the Medical Research Council has shewn that there is a very slightly greater risk of causing what is called provocation poliomyelitis—*i.e.* an attack precipitated in an already infected person—when a multiple antigen is used than when a single prophylactic is employed. Parents were offered diphtheria and whooping cough immunisation by single antigens during this period, but the majority decided to wait until we started using the combined antigen again. Vaccination against smallpox was stopped also during this period.

SMALLPOX VACCINATION.

546 persons received primary vaccination during the year, 432 being infants under 1 year. This is equivalent to 46% of the number of live births in the City (as compared with 45% in 1956).

147 persons were re-vaccinated.

The majority of these vaccinations were done by general practitioners, viz : 459 of the primary and 145 of the re-vaccinations.

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION

564 children received primary immunisation against diphtheria and whooping cough and a further 105 against diphtheria, whooping cough and tetanus. 495 of these were done by general practitioners. 82 children received immunisation against diphtheria alone and 4 against whooping cough alone.

Booster doses against diphtheria were given to 1,426 children, including 630 as 5 year olds and 796 as 10 year olds. Only a small number (235), of these inoculations were given by family doctors.

POLIOMYELITIS VACCINATION.

This was continued during the year and as many children were vaccinated as supplies of the vaccine permitted. For several months, cases of poliomyelitis were occurring in the City and surrounding areas, but I decided to keep on with the poliomyelitis vaccination in spite of this.

During 1956, registrations were invited for children born in the years 1947 to 1954 inclusive. In 1957, the age group of children eligible for vaccination was extended in the first place to include the younger children born during 1955 and 1956 and later in the year, to include all children between from six months to 15 years old. In addition, vaccination was offered to expectant mothers, to general practitioners and their families, to ambulance staff and their families and to the families of the staff of hospitals dealing with poliomyelitis cases.

Position as at 31st December, 1957 :

(1) *No. of registrations received in all :*

Children born 1943—1946	4,395	(77%)
Children born 1947—1954	* 6,881	(86%)
Children born 1955	762	(76%)
Children born 1956	699	(70%)
Children born 1.1.57 to 30.6.57	155	(30%)
	12,892	(80%)
Less outward transfers	29	
	12,863	

* (includes 4,801 registered in 1956 ; percentages in brackets represent the proportion of those eligible who had registered).

(2) *No. of Children vaccinated* :

Given both injections	*4,585	
Given one injection	444	
		5,029
Awaiting vaccination	7,834	
		12,863

*(includes 511 vaccinated in 1956)

Out of the 4,074 children given both injections during the year, 937 were vaccinated by their family doctors.

(3) *No. of other groups awaiting vaccination* :

Expectant Mothers	35
General Practitioners and Families	14
Ambulance Staff and Families	22
Families of Hospital Staffs	20
	91

The small number of registrations received from expectant mothers is disappointing, but it is hoped that more will avail themselves of this protection as it becomes more widely known.

AMBULANCE SERVICES.

Organisation. The agency arrangements with the St. John Ambulance Association continued unchanged.

Work done. There was a slight decrease in the number of patients carried by ambulance, but a slight increase in the mileage run ; on the other hand, there was a substantial rise in the number of persons carried by the sitting case cars—mainly due to their use for the newly opened Tin Lane Training Centre for women and older girls. The transport of children to school was, however, reduced in amount. The rail mileage was increased by about 50%, the patients concerned numbering 257 as against 155 in 1956. The infectious disease work was heavier due to the poliomyelitis outbreak in the summer, affecting many places in the area served for this purpose by our ambulances. (See Tables) XXV

Staff. The staff did not suffer very much from Asian influenza and about three quarters accepted the Council's offer of vaccination against the disease.

Vehicles. There was no change in the vehicle-strength during the year. I am glad to say we are to get in 1958 an ambulance with De Dion suspension for the very seriously ill patients who have to travel long journeys. So far, we have not tried out radio control which I regard as very desirable even in a comparatively small service ; commercial usage has proved its worth.

TUBERCULOSIS, PREVENTION AND AFTER CARE.

1. New Notifications.

	Respiratory	Non-Respiratory	Total
1952	95	16	111
1953	92	11	103
1954	83	16	99
1955	74	22	96
1956	53	17	70
1957	51	10	61

It will be seen from the figures above that the total number of new notifications of tuberculosis, both respiratory and non-respiratory, decreased again during 1957, but the decline was not so sharp as that experienced the year before. It is almost entirely accounted for this time by a substantial decrease in the number of new non-respiratory cases from 17 last year to 10—the lowest figure recorded as far as can be seen from existing records. The sites affected were : Cervical Glands 3 ; Spine 1 ; Ischio-rectal abscess 2 ; Mesenteric Glands 1 ; Abscess Groin 1 ; other bones and joints 2.

One further case was notified as tuberculous cervical glands but on examination at the chest clinic was found to have a pleural effusion, and the notification, therefore, is to be found in the total of new respiratory cases.

There were no new cases of tuberculous meningitis notified during the year.

2. Deaths.

A total of 22 deaths of known tuberculous patients occurred during the year. Of these 4 were from causes other than tuberculosis (accidental drowning, etc.), and 1 was from non-respiratory tuberculosis. This leaves a total of 17 deaths directly attributable to respiratory tuberculosis, which is the highest recorded figure since the totals of 22 deaths in both 1953 and 1954, as will be seen from the following table :—

	Respiratory	Non-Respiratory	Causes other than T.B.	Total
1952	19	2	4	25
1953	22	1	1	24
1954	22	1	6	29
1955	14	2	8	24
1956	12	4	2	18
1957	17*	1	4	22

* The Registrar General however has assigned 18 deaths in Exeter residents to respiratory tuberculosis but we can only trace 17.

Tuberculosis in the South Western Region—Great Towns.

South Western Region (great towns)	Population 1957	Deaths from T.B. (all forms)						New Notifications (all forms)		
		1952	1953	1954	1955	1956	1957	1954	1955	1956
Bath	80,100	15	15	11	8	5	14	52	58	49
Bristol	439,600	102	105	74	59	43	36	435	394	352
Cheltenham	68,230	10	14	10	9	7	5	57	53	42
Exeter	76,900	21	23	23	14	16	18	99	93	71
Gloucester	68,100	19	16	18	12	10	8	71	69	88
Plymouth	217,900	56	44	36	43	30	22	261	251	252
Swindon	77,900	15	16	12	8	10	9	68	70	64
Torquay	50,260	17	12	15	15	6	3	52	39	40

The above information collated mainly from the Registrar General's Tables, Part 1, (Medical), shews that among the great towns in the South Western Region, Exeter has a tuberculosis death rate much in excess of that in the other towns and cities and that it has been so over a number of years ; secondly that the notification rate is notably higher than in the other towns and cities (over the period 1954-56) with the exception of Plymouth and (in 1956 only) Gloucester. It may be that ascertainment is very effective here or it may be that the incidence is really higher. 31 of the 51 newly notified respiratory cases in 1957 were sputum positive.

11 of the deaths were in "chronic" patients, mainly over the age of 60 years, who had been known for several years to have active disease and to be infectious. It is however rather disturbing to find that 6 deaths occurred in patients who had only been diagnosed shortly before death ; in 3 of the cases the notifications were made six days or less before death, in 2 cases within two months, and in 1 case less than three months before. In all these cases it is probable that the disease was of long-standing, and in one instance a contact is known to have been very badly infected, and is still under treatment. The search for new cases of tuberculosis must not be slackened.

3. Recovery from Pulmonary Tuberculosis.

During the year 23 patients were taken off the books as having recovered from tuberculosis (22 pulmonary cases and 1 non-pulmonary).

4. Non-Notification.

There were no deaths of patients from tuberculosis who escaped notification during life but, as already mentioned, 6 cases were notified very shortly before death.

5. Transfers.

92 patients were added to the register during the year (90 pulmonary and 2 non-pulmonary) as inward transfers from other

clinics : some of these were patients coming to Exeter to take up permanent residence but the majority were in the nature of temporary transfers in respect of patients who came here to undergo training of some kind, usually at St. Loyes College, and whose supervision was continued at this clinic while they were here. 56 cases were transferred out to other clinics on leaving the city, the majority of these at the termination of their training course.

6. Tuberculosis Register.

Despite an increased number of patients being taken off the register as having recovered, an increased number of deaths this year and a decreased number of new notifications and mainly because of a large excess of inward over outward transfers, there was an increase during the year by 44 in the number of tuberculosis cases on the register (872 in all, 747 pulmonary and 125 non-pulmonary).

7. Contacts.

303 contacts were examined during the year which represents 4.9 contacts for each newly notified case. As a result of these examinations 18 cases were diagnosed as suffering from active disease. The average number of contacts seen per each new case was a slight increase on last year's figure of 4.6.

8. Contact Tracing, Special Surveys, Etc.

(a) Routine examination of family contacts is carried out in respect of all newly notified cases of tuberculosis, both pulmonary and non-pulmonary. 18 persons who had been examined as contacts of known cases were found during 1957 to have active disease ; it should be realised that some of them had been under supervision for some time, *e.g.* in at least two cases the original believed infecting case had been dead for some years ; this suggests the need for persons who have had prolonged contact with an active case to have at least an annual check-up for several years even though the apparent source of infection itself may have been removed. Also in three instances an active case was long known to live in the same household and the contacts had previously been under observation but in three others it was a new notification which led to the discovery of an otherwise unsuspected active case in the household. Again, in three others a quiescent case was known to be in the household so infection must presumably have occurred a long time prior to notification when the original case was infectious or perhaps have occurred independently. In a further two instances an active case had previously been in the household and had removed and in two others the known case was in the family but not in the immediate household.

Whilst it is evident that most of these newly discovered tuberculosis patients had had no known contact with known open and infectious cases, it is probable that they might have had con-

tact with *unknown* infectious cases—the so-called "unknown infector pool." Intensive mass miniature radiography surveys seem the only practical way of discovering such unknown infectious cases and I am glad the Council and the Regional Hospital Board have agreed to collaborate in such a survey of the City in 1959.

(b) A further check by mass radiography was made during the year of the Grammar School the previous surveys of which were discussed at some length in my report for 1956. As a result 3 further cases were referred to the chest clinic. One of these was found to have a negative Mantoux re-action, one was undoubtedly a case of healed primary pulmonary tuberculosis who is to remain under observation as a contact of his Aunt (an open case), but the third was found to be suffering from active disease and was admitted for treatment; examination of the family revealed that the father was also a new case of active disease, sputum positive, and he too was admitted to hospital. It would appear, therefore that this incident was not related to the previous cases in the school; this boy's previous X-rays certainly were not abnormal.

(c) Routine examination of the family contacts of a newly notified case of miliary tuberculosis proved entirely satisfactory, and it was decided that the staff and pupils of the senior modern boys school which the patient attended should also be examined by means of mass radiography. As a result 2 persons were referred to the chest clinic—one of these, an adult on the staff, was found to be a case of chronic bronchitis only, but the second, a boy aged 12 years, was found to be suffering from active pulmonary disease and a positive sputum was obtained. He was admitted for treatment and is now under clinic supervision. The boy's father had been invalided from H.M. Forces some years ago, and had attended the chest clinic as an active case which recovered and there was no evidence of re-activation of the disease in his case.

(d) Following the discovery of a lecturer suffering from active pulmonary tuberculosis sputum positive, the staff and pupils of a college were examined by mass radiography. Nothing of significance was found.

(e) Mass miniature radiography of a girls school was recommended during the year because of a case of erythema nodosum in a pupil attending the school. One girl was referred to the chest clinic but she proved to be negative and an unsuspected source of infection was subsequently discovered in the family of the child with the erythema nodosum.

(f) Following the notification of a case of tuberculous pleural effusion in a boy aged 10 years his mother and father, three brothers and sisters and grandfather were examined and found to be perfectly healthy. Re-examination by mass miniature

radiography of the pupils and staff of the school attended was therefore advised, and as a result 6 further cases were referred to the chest clinic ; none of these appeared relevant and 5 of them had negative Mantoux tests.

(g) A young female shop assistant was found to be suffering from pulmonary tuberculosis, sputum positive, and all the other employees of the establishment concerned were X-rayed at the chest clinic at specially arranged intervals so that the normal work of the shop could proceed. All were found clear.

(h) A student at a Teachers Training College was found to be a new, sputum positive case of pulmonary tuberculosis. He returned to his home area for treatment, but just prior to the summer vacation all the other students at the college were examined by means of mass radiography. Two cases were referred to the chest clinic for investigation ; one of them was an already known case of quiescent disease, the other was kept under observation for a while but no evidence of any active disease was found.

(i) In May 1957 a new case of sputum positive pulmonary tuberculosis was diagnosed in a woman of 54 years. This was obviously a well advanced case and death occurred three days after notification. The deceased person had for some time run two boarding houses for overseas students at the University. A few days after her death a new sputum positive case was discovered in a Nigerian student who had not been well for some time and who had lodged at one of these boarding houses some six months previously. He was admitted to hospital without delay as dangerously ill. It was therefore decided to start an intensive search for further cases from two angles (a) to trace all the previous residents at the two boarding houses and (b) to X-ray all those students and staff at the University who had been in contact with the student affected. The Area Officer of the British Council was most helpful in tracing the previous residents, most of whom, however, had long since returned to their homes overseas. Wherever possible however advice was given that in their own interests the persons concerned should endeavour to get a chest X-ray arranged as soon as possible. At the University it was possible, with the assistance of the Academic Registrar, to X-ray at chest clinic sessions 51 students and lecturers concerned with the course attended by the patient before the summer vacation, after which a large proportion of the students would not have been returning to Exeter. All the films taken were satisfactory but the people concerned were advised nevertheless to have a further film taken in six months time wherever they might be, and were each given a letter to serve as an introduction when they presented themselves for such future examination. So far as is known there have been no further developments arising from this incident.

9. Radiography.

The Camera Unit at "Ivybank" which takes a 4 inch x 5 inch film has continued to be used mainly for the examination of contacts (298), cases for superannuation examinations (62), hospital staff (31) and for private practitioners' patients (222). The number of cases sent for X-ray by private practitioners is a substantial increase on last year's figure (186) and the sessions arranged for them seem to be generally acceptable. The films are read by the Chest Physician and patients who have a satisfactory film are sent a letter to this effect, while those in whom an abnormality is detected are recalled for a large film and a medical examination at the chest clinic. The second camera which takes a full-size film is thus mainly used for the examination of known cases, of observation cases and for recalls on the 4 inch x 5 inch system.

10. Mass Miniature Radiography.

12,902 persons were X-rayed by mass miniature radiography during the year; they were not all Exeter residents. This is less than last year's figure (15,424).

706 University students (368 men, 338 women) also attended for X-ray, 48 fewer than in 1956; no new active cases were found in this group.

Altogether 69 cases were referred to the chest clinic by the Medical Director of the mass radiography unit; 5 of these were proved to be new active cases of pulmonary tuberculosis and all were admitted to hospital for treatment. In addition 5 cases referred were already known to be tuberculous and a further 6 cases were already under observation. (See table XXIV for further details).

11. Tuberculin Testing and B.C.G. Vaccination.

(*a*) *Contacts.*

342 tuberculin tests were carried out during the year and 119 B.C.G. vaccinations effected by the Chest Physician; 95 of these were children under the age of 15 years and 24 were adults at risk because of their employment (Nurses, Student Radiographers, and Occupational Therapists, etc.)

(*b*) *Schoolchildren under Ministry of Health Scheme.*

As in previous years all tuberculin testing and B.C.G. vaccinations of schoolchildren under the Ministry's scheme have been carried out by the School Medical Officers. 1,029 schoolchildren were tuberculin tested and 891 were B.C.G. vaccinated and re-tested. In addition 577 children B.C.G. vaccinated in 1956 were tuberculin tested (*i.e.* one year after vaccination), 317 children B.C.G. vaccinated in 1955 were re-tested (*i.e.* two years after vaccination) and 139 children B.C.G. vaccinated in 1954 were re-tested (*i.e.* three years after vaccination).

The details of all children who are found to have a strongly positive Mantoux test during the preliminary testing under this scheme are passed to the Chest Physician. The Tuberculosis Health Visitor then visits the homes of the children and explains to the parents the possible significance of a positive re-action and advises the members of the household to attend for a check-up X-ray as a precautionary measure. During the year 35 such visits were made and 18 chest films were taken at the Chest Clinic. Usually however the household contacts are given the dates of forthcoming visits by the Mass Radiography Unit in addition and so it is probable that many more people did in fact attend at public sessions to make sure that there were no unsuspected cases in the house. In 7 instances it has been possible to find a family history of tuberculosis which seemed to explain satisfactorily the positive re-action in the child concerned.

(*c*) *Vaccination Refusals.*

In no case has B.C.G. vaccination been refused when offered for a child who had been or who still was in contact with a case of infectious tuberculosis.

12. Pathological Examinations.

The total number of pathological examinations made on behalf of the Chest Clinic during the year was 1,811. Examinations of sputum, etc., are carried out at the Public Health Laboratory and blood sedimentation rates, haemoglobin estimations, etc., at the Department of Pathology, Royal Devon and Exeter Hospital. We are very grateful to Dr. B. Moore and Dr. G. Stewart Smith for their continued help and assistance. (See page 51).

13. Extra Nourishment.

The grant from the Exeter City Council towards the cost of extra nourishment has continued as in former years, and from it has been granted 1 pint of milk daily in the case of 35 new patients, while still continuing the supply of milk to 40 patients already on the Clinic books. In addition some 200 packs of a vitamin food were issued to patients both old and new, mainly children who were not thriving satisfactorily.

14. Home Helps.

Council Home Helps have been provided during the year in the case of 9 tuberculous patients at home. The Home Helps concerned are volunteers for such work in a household where there is a known active case of tuberculosis, and are paid a slightly higher payment for their work.

15. Diversional Therapy.

During the year 3 new patients were recommended for the £1 grant made by the Council to the British Red Cross Society.

This is to enable patients at home to undertake diversional therapy —mainly handicrafts.

16. Infectivity and Employment of Tuberculous Patients known to be Infectious.

At the end of the year 72 patients (9.6%) on the register of pulmonary cases were known to have had a positive sputum during the preceding 12 months. This is a substantial decrease on last years figure of 111. Of those named in the register of non-pulmonary cases 4 (or 3.2%) were known to have been infectious because of a discharging abscess or sinus. That the decrease is due to the use of chemotherapy is not in doubt, and even then it must be remembered that the sputum examinations referred to are spread over a period of a whole year, and that by the end of the year a proportion of the 76 patients known to have been infectious had, in fact, been treated with drugs and had again become non-infectious. Of all these patients 1 only continued at work while known to be sputum positive on culture ; his work as a lorry driver does not bring him into any great contact with his fellow employees. Of the three infectious cases still working mentioned in last year's report, one has now converted to sputum negative and the other two both " broke down " during the year and are at present in Hospital.

50 patients were referred to the Disablement Resettlement Officer for advice regarding future training and employment, or for entry in the register of Disabled Persons.

17. Disposal of Sputum.

Disinfectant and Paper Handkerchiefs continue to be issued free of charge to patients who have sputum, and Miltherex is also supplied to patients at home together with a special polythene flask for use with this liquefying and sterilising fluid.

18. Waiting Time for Admission to Sanatoria.

The generally satisfactory position regarding waiting lists discussed in last year's report has continued during the year. At no time during the year has it been necessary for a male patient to await admission longer than the few days he might have needed to clear up his personal affairs before entering Hospital. Women patients have had a little longer wait, but the longest delay in admission recorded during the year was 3 weeks. It has been possible to admit girls to Honeylands within a week, but the delay in the admission of boys over the year has been slightly longer, but no longer, on average, than 1 month.

19. Holidays.

During this year it was possible for the first time to arrange for a recuperative holiday in respect of a young female tuberculous

patient under the Spero scheme of the N.A.P.T. The cost of this was met from the money provided by the Council.

DOMESTIC HELP.

Organisation and Staff.

This service is still expanding, and the demands on it inevitably increase when the population is ageing, and when the policy—a right one—of keeping sick people at home for treatment so far as practicable, is actively pursued. The staff comprises the Organiser, a part-time clerk, and 45 part-time home helps (including 2 with a guaranteed week of 36 hours), the other 43 working approximately 30 hours a week on the average. The turnover of home helps was 13 new entrants and 14 departures.

The domestic helps, whose average age in 1957 was 47, are on the whole very reliable. Some are more suitable for elderly people, and others for problem families and maternity cases. Great difficulty is experienced in engaging "full-time" workers of the right type. These are required mostly for maternity cases. During the year we lost one of our most reliable "full-time" helps by death ; she had been a home help for nine and a half years, and had given valuable service.

There has been an increase in sickness among the staff, chiefly because of the influenza epidemic.

Help provided. Domestic help was provided for 390 families during the year, involving 58,626 hours in the homes as compared with 364 families and 52,375 hours in 1956. Additionally, 11,490 hours were paid for in 1957 in relation to holidays, sickness and travelling (10,540 hours in 1956). The average weekly case load was 165 families. The number of cases on the books at the year end in 1956 was 156 ; 246 cases were assisted and in 234 help was discontinued, leaving 168 on the books at the year-end. The average number of hours of home help per week per case was 7 hours for all types of case, and for old age cases 6 hours : in 1956 these figures were 8 hours and $5\frac{3}{4}$ hours.

The number of maternity cases attended part-time increased substantially as compared with the previous year, whereas the number of cases attended full-time remained about the same. More ante-natal cases are being helped—some of them without charge, as toxaemia in pregnancy cases ; these cases sometimes continue for several weeks. During the year, 1 such was attended full-time and 6 were given part-time help. There was a slight increase in the number of cases of acute illness helped and the number of elderly people assisted continues to increase slightly. These usually continue more or less indefinitely.

There was no "waiting time," *i.e.* lost time, during the whole year.

The Home Help Organiser visits all new cases (except maternity and ante-natal cases), and this involves a good deal of time : she made 298 visits.

Recovery from the householders helped was just under a quarter of the cost of the service.

(The Exeter Council of Social Service also run a service of home helps for the aged).

MENTAL HEALTH SERVICES.

(National Health Service Act, 1946, Sections 28 and 51).

Administration.

The appointment of Mr. Stiles (Senior Mental Welfare Officer) to the post of Chief Clerk to the Health Department in July resulted in staffing difficulties for the last six months of the year—the remaining two mental welfare officers carrying on alone until the appointment of a new Senior Mental Welfare Officer (Mr. Weston from Middlesex) who commenced duty towards the end of December and who devotes all of his time to the work.

Co-ordination with the Regional Hospital Board and Hospital Management Committee.

Co-ordination between the hospital and the community services continues satisfactorily at all levels, as previously described in my reports. Dr. John Russell retired from his appointment as Medical Superintendent of the Digby/Wonford hospital in October and was succeeded by Dr. Lewis Couper, who became a member of the Health Services Committee in December in place of Dr. Russell. Dr. Couper is maintaining the same close relationship with the department that Dr. Russell always fostered.

Report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency.

The Royal Commission's Report presented to Parliament in May, 1957, is still the subject of intense interest and study. Its implementation, wholly or in part, by legislation appears unlikely in the near future, but the Minister of Health has already indicated in reply to questions in the House of Commons that he has power at present to implement certain of the Royal Commission's recommendations, which he enumerated. These envisage an extension and intensification of the Local Health Authorities' community care service in the mental health field. Certain of the recommendations have already been dealt with by the Minister in this way, notably the informal admission to mental deficiency hospitals and the review of those patients who are already subject to judicial Orders for their detention with a view to the possible termination of the Orders. (Ministry of Health Circular 2/58).

COMMUNITY CARE.

The total number of domiciliary visits made to and on behalf of persons suffering from mental illness was 2,977 (including 1,103 visits in relation to admission to hospital, rather less than half of the total visits being to relatives, etc., after the admission)—this shows an increase of 600 over last year's figures. 190 of these visits did not involve any statutory action ; they were made to 80 people (27 men and 53 women) including 10 men and 20 women over the age of 65 years.

Included in the 2,977 visits were the psychiatric social worker's 304 visits to 49 patients (5 men, 28 women and 16 children) ; she also attended a psychiatric out-patient clinic weekly.

During 1957 there was again an increase in the number of admissions of Exeter patients to hospitals—383 admissions (concerning 262 persons)—6 more than in the previous year. As there were 356 discharges and 36 deaths, the number in hospitals at the end of the year (375) was 9 less than at the beginning of the year (384).

There was a correspondingly higher discharge rate, which is encouraging. Since the " appointed day " the numbers of admissions from Exeter, which include transferences from one category to another within the hospital (and exceed the numbers of individual patients concerned) have been as follows :—

YEAR	*Male*	*Female*	*Total*
1948 (from July 5th)	17	24	41
1949	54	73	127
1950	98	120	218
1951	103	135	238
1952	88	142	230
1953	103	149	252
1954	125	157	282
1955	129	208	337
1956	145	232	377
1957	147	236	383

Admissions in 1957 were 383, but the number of individual patients concerned was only 262 (some of them were discharged and re-admitted during the year ; some had been in and out during the previous years).

Actual persons involved	262
Add transfers from Section 20/21	71
Certified	9
Temporary	—
Voluntary	1
Add re-admissions during the year	40
Total admissions during 1957	383

The age distribution of the patients at the time of their *first admission during* 1957 is set out below ; it will be understood that they were not all new to mental hospitals.

Age	Male					Female					Total
	Vol.	Temp.	Cert.	S.20	S.21(1)	Vol.	Temp.	Cert.	S.20	S.21(1)	
0—14	1	—	—	—	—	1	—	—	—	—	2
15—44	26	—	1	16	—	46	—	—	27	1	117
45—64	24	1	4	7	—	35	—	—	12	—	83
65 Plus	11	—	1	10	—	21	—	6	11	—	60
Total	62	1	6	33	—	103	—	6	50	1	262
			= 102					= 160			
					Total = 262						

~~ADDENDUM.~~

Of the 262 persons involved in admissions to mental hospitals during the year, 184 had never previously received treatment in a mental hospital. Of the 78 who had previously been in such a hospital the period elapsing since previous admission varied from one year to 25 years.

The 184 first admissions were distributed thus :—

		Vol.	Temp.	Cert.	S.20	S.21	Total
0—14 years.	Male	1	—	—	—	—	1
	Female	1	—	—	—	—	1
15—44 years.	Male	18	—	—	9	—	27
	Female	34	—	—	18	1	53
45—64 years.	Male	14	—	2	4	—	20
	Female	25	—	—	9	—	34
65 Plus years.	Male	9	1	1	10	—	21
	Female	14	—	5	8	—	27
	Total	116	1	8	58	1	184

The admission rate of voluntary patients continues to rise—92.6%—as against 91% in 1956 and 81% in 1955. This is considerably above the national average of 80%—and appears to be due to the good contacts which have been built up over the years by the mental health social workers and the patients, together with the general practitioners.

The hospital psychiatric clinics continue to function as follows :—

Royal Devon and Exeter Hospital :
Monday and Thursday afternoons, Dr. H. Scott-Forbes.
Wednesday afternoons, Dr. Lewis Couper.
West of England Eye Infirmary :
Thursday afternoons, Dr. H. S. Gaussen.

Out-patients may also be seen at Wonford House Hospital and at Digby Hospital.

Mental Deficiency Acts, 1913-1938.

(i) *Ascertainment and Supervision.*

During 1957 there were 16 cases brought to the notice of the local health authority—of these 12 were reported by the local education authority and 4 from the Magistrates' Courts and probation service. Of the 12 children referred by the L.E.A. one child was ineducable and the other 11 required supervision on leaving school. 3 men were referred from Magistrates' Courts and were committed to an institution under Section 8 of the Mental Deficiency Act, 1913—1 woman was referred by the probation service and attends the adult training centre.

The ineducable child attends the Occupation Centre ; of the other 11 children referred on leaving school, 9 are working, 1 is having residential farm training and efforts are being made to persuade the parents of the remaining child to attend the adult training centre for women and girls.

The figure for ascertainment in Exeter is 4.4 per 1,000 population—which shows a slight drop from the 1956 figure (4.8) but remains the second highest in the South Western Region.

Supervision of mentally subnormal persons in the community is maintained by the mental welfare officers. At the end of the year, 147 persons (71 males, 76 females) were under statutory supervision, 49 (29 males, 20 females) were under voluntary supervision, and 136 (87 males, 49 females) were in hospitals. During the year, 799 visits were made to their homes and to such organisations as the Ministry of Labour and National Insurance, Police Courts, Youth Employment Agencies, the Occupation and Training Centres, with regard to their welfare in the community. There is increasing difficulty in securing suitable employment for mentally subnormal or, to use the newer terminology, severely subnormal, boys after leaving school : they seem to be more employable by the time they reach 18 or 19 years of age.

(See page 130).

During the year, 11 Exeter patients (7 men and 4 women) were discharged from the Orders. In addition, 8 (4 men and 4 women) were discharged into the Exeter area to resident situations, from other areas. All these patients discharged from

Orders were given a measure of friendly guidance as recommended by the Board of Control.

Advantage was taken of the provisions of Ministry of Health Circular 5/52 in the case of 3 mentally subnormal boys (ages 4, 9 and 11 years) whose parents were in temporary difficulties and required their admissions for short periods to residential institutions.

(ii) *Guardianship.*

At 31st December, 1957, there remained only 1 Exeter woman under guardianship and she was still attending the adult training centre. There were also 2 women from Devon County who were under guardianship and were supervised in Exeter, and 1 man from Plymouth.

(iii) *Occupation Centre.*

The number of children attending the children's occupation centre was 45 throughout the year (18 girls and 27 boys). As reported last year, 5 girls over 16 ceased attending in order to start at the adult training centre, but they were replaced by younger children. There are several children who would benefit from attending the occupation centre, but whose parents do not wish their attendance ; and also a few low-grade children for whom there is as yet no provision at the centre. There is a real need for day care for these last, who place an inevitable and continuous burden on their parents. The provision of care for one, two or three days a week at the centre would be possible if we had a further member of staff.

The general health of the children has been good and an average attendance of 80% was maintained. The annual medical inspection took place in June and certain of the children have had physiotherapy at the Orthopaedic Hospital and also advice from the speech therapist. The transport arrangements continue as in past years ; the children are taken to and from the centre by bus with their escorts.

The Annual Open Day was held in July and despite the inclement weather appeared to be very successful, both in the show and sale of the children's work and of the produce from the garden. There have been several outings for the children during the year—to the pantomime, to East Grange, West Hill, through the generosity of the Inner Wheel of Exeter, and also to Cheriton Bishop by kind invitation of the Women's Institute there. A Punch-and-Judy show was also given at their Christmas Party by the " Inner Wheel " and each child received two presents from the Christmas Tree.

The centre has had visitors from the National Association for Mental Health, from students and from overseas visitors ; it is only just to the staff to remark that our visitors have all been

evidently impressed by the work being done there, by the premises, and by the staff. The official reports of the Inspector of the Board of Control have been most encouraging.

(iv) *Adult Training Centre. (Women and Girls over* 16).

The centre was opened at Tin Lane by Councillor Mrs. M. Nichols, the Chairman of the Health Services Committee, on 4th February, 1957. The attendance at the outset was 8, but it grew to 12 by the end of the year—and has since increased to 14. The centre has been a success from the beginning under the supervision of Mrs. E. Wood. The premises are bright and attractively decorated and the emphasis in the work done there has been more on what may be called the domestic arts. The girls attend each afternoon and all day on Wednesday when they prepare and cook their own mid-day meal (charged at cost). They are encouraged to bring and launder articles from home and each week they take turns in making cakes, etc., to take home. The local shops have been very co-operative and selected girls run errands and do simple shopping for the Centre—all of which helps towards self-confidence. Several of the mothers have remarked on their daughters' progress, and pastry-making ability ! Other activities at the Centre are needlework, embroidery, basket-making, rugmaking and sewing bags for surgical instruments for our home nurses. Two of the girls attending the Centre have gone into employment.

The Open Day was held in December and there was a very successful show of work and handcrafts, together with a sale of goods and cakes which the girls had made.

A Savings Group is run at the Centre—it is hoped that the results of this will help the girls when they go on their summer holiday in 1958, which is being arranged for them.

(v) *Hospital Care.*

The number of mentally subnormal persons in hospital for care or training at the end of the year was 136—a drop of 15 from 1956 ; this decline was due mainly to the new tendency to discharge patients after they have been on licence in the community successfully for one or two years. Four patients died. The problems raised by the acute shortage of beds in the mental deficiency hospitals are still with us, and despite the very sincere co-operation of the hospital staffs there were three children on the " urgent " waiting list for admission at the end of 1957. The mental welfare officers submit routine reports on the homes of patients whose Orders are being reviewed or whose relatives apply for them to come home for a period of leave.

As always, Dr. J. Russell and his successor Dr. L. Couper (Digby-Wonford Hospital) and Dr. D. Prentice (Royal Western Counties Institution, Starcross) have been most helpful to this department throughout the year.

TABLES.

Table XIV.

ANTE-NATAL CARE

Municipal Ante-Natal and Post-Natal Centres
(by doctors until 17.4.57).

No. of sessions held	13
No. of mothers attending	12
Total attendances	41
New cases	10
Post-Natal cases	9
Referred for treatment :—	
Dental treatment	7
Royal Devon and Exeter Hospital	—

Exeter Maternity and District Nursing Association.
Ante-Natal and Post-Natal Clinics.
(by midwives)

Cases seen at the ante-natal clinics	574
Attendances at the ante-natal clinics	2,547

Table XV.

CHILD WELFARE CENTRES.

Number of Children on the Register.

Centre	1957	1956	1952-1955	Total
Bull Meadow	218	172	214	604
Shakespeare Road	132	100	256	488
Countess Wear	37	42	85	164
Whipton	180	187	359	726
Buddle Lane	141	108	213	462
Totals	708	609	1,127	2,444

Table XVI.

CHILD WELFARE CLINIC ATTENDANCES.

ATTENDANCES BY AGE GROUPS.

CENTRE	Age Groups					Total	Number of sessions held	Average attendance per session
	Under 1	1 to 2	2 to 3	3 to 4	4 to 5			
Bull Meadow	2,638	586	343	171	118	3,856	97	39
Shakespeare Road	1,778	616	353	177	167	3,091	52	59
Countess Wear	669	266	126	92	77	1,230	51	24
Whipton	2,278	549	306	207	108	3,448	51	67
Buddle Lane	2,147	650	475	298	221	3,791	48	78
Toddlers' Clinics								
Shakespeare Road	—	22	55	43	31	151	10	15
Whipton	—	18	46	51	38	153	11	14
	9,510	2,707	1,704	1,039	760	15,720	—	—

Table XVII.

DAY NURSERY.

NURSERY		Buddle Lane.	
AGE GROUP IN YEARS		1—2	2—5
Number of Places		15	25
Number on roll at beginning of 1957		5	18
Number on roll at end of 1957		4	20
Mothers working full-time	At end 1957	20	
Mothers working part-time	At end 1957	—	
Other reasons	At end 1957	2	
Maximum Attendances		6	16
Minimum Attendances		1	2

Table XVIII.

STILLBIRTHS, 1957.

WEIGHT		Total	Male	Female	Born Home	Born Hospital	Complications in Pregnancy	Complications of Labour	Post Mortem Examinations made	Legitimate	Illegitimate	CAUSES								
												Toxaemia	A.P.H.	Rhesus Incompatibility	Asphyxia	Cord Compression	Prolapse Cord	Congenital Incompatibility	Not known
Premature	3 lbs. 4 ozs. or under	8	3	5	—	8	6	4	1	7	1	—	—	—	1	2	2	1	2
	Over 3 lbs. 4 ozs. to 5 lbs. 8 ozs.	6	—	6	2	4	2	2	—	6	—	—	—	1	—	2	—	1	2
Full-Term	5 lbs. 8 ozs. and over	10	5	5	2	8	8	5	—	10	—	2	1	—	1	—	—	5	1
Totals		24	8	16	4	20	16	11	1	23	1	2	1	1	2	4	2	7	5

Table XIX.

PREMATURE LIVE AND STILLBIRTHS, 1957.

Notified Premature Still-births		Premature Live Births																			
		Weight		Born at			Survivors at end of 1957	Deaths during 1957—Age at death.				Believed most significant causes of Prematurity.									
Born at home	Born in hospital	Over	Up to and inclg.	Home	Nursing Home	Hospital		Under 1 day	Over 1 day, under 1 week	Over 1 week, under 4 weeks	Over 4 weeks	Multiple Birth	A.P.H.	Premature Rupture Membranes	Toxaemia	Placental Abnormalities	Fall	Rhesus Incompatability	Full-Term, Small	Traumatic	Not known
—	8	—	3 lbs. 4 ozs.	—	—	10	5	4	1	—	—	4	2	1	1	—	—	—	—	1	1
—	4	3 lbs. 4 ozs.	4 lbs. 6 ozs.	6	—	12	15	1	1	—	1	6	1	2	4	—	—	—	1	—	4
—	—	4 lbs. 6 ozs.	4 lbs. 15 ozs.	8	—	14	21	1	—	—	—	5	—	1	1	2	1	—	4	—	8
2	—	4 lbs. 15 ozs.	5 lbs. 8 ozs.	18	1	29	44	2	2	—	—	10	2	1	3	2	—	1	8	—	21
2	12	Totals		32	1	65	85	8	4	—	1	25	5	5	9	4	1	1	13	1	34
14				98				13				98									

Table XX.

PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD

(Work carried out by the Social Worker).

New Cases, 1957	68
Carried forward from 1956	9
(babies born 78, including 1 set of twins)	—
	77
	—
Visits made	322
Interviews at office	446

Bookings for Confinements were made as follows :—

Mowbray House	41
Queen's Nurses	9
St. Olave's Home	10
Weymouth Mother and Baby Home	1
Sidmouth	1
Royal Devon & Exeter Hospital	3
Devon County Council	1
Bournemouth Mother and Baby Home	1
Swansea Mother and Baby Home	1
St. Agnes, Truro Mother and Baby Home	1
Kenwyn Nursing Home	2
Plymouth Mother and Baby Home	1
London County Council	2
Cornwall (St. Austell)	1
Taunton	1
	—
	76
	—

Affiliation Orders granted by Magistrates Court	7
Private Agreements made for maintenance of baby	8
Marriages to putative father	5

Disposition of babies born :—

With mother in own home	37
With mother in lodgings	3
With mother in Hostel	1
In Residential Nursery	1
With parents, co-habiting	5
Placed for adoption	28
Left area	2
Died	1
	—
	78
	—

Table XXI.

WORK OF DOMICILIARY MIDWIVES, 1957.

Bookings.	*Total*
No. of cases brought forward on 1st January, 1957 ..	150
No. of cases booked during the year	531
No. of emergency unbooked deliveries	13
No. of cases found not pregnant	4
No. of mothers attended during confinement (including 407 delivered) during the year	483
No. of cases of miscarriage of booked patients ..	4
No. of cases left Exeter before delivery	8
No. of cases admitted to hospital undelivered ..	47
No. of booked cases subsequently delivered in maternity homes	14
No. of cases remaining on the books on 31st December, 1957	175

Work Done.	*Total*
Cases attended as midwives	190
Visits paid as midwives	4,086
Cases attended as maternity nurses	292
Visits paid as maternity nurses	6,635
Cases booked during the year	531
Ante-natal visits to patient's homes	2,449
Medical Aid forms sent	—
Midwifery cases transferred to hospital	50
No. of health visits paid by midwives	564
No. of health visits paid by maternity nurses ..	838

Gas and Air Analgesia.	*Total*
No. of cases where gas and air analgesia given ..	375
No. of cases where other analgesia given	47
No. of cases where analgesia not given	60
	482
No. of cases where pethidine administered	277
Reasons for non-administration of analgesia :	
Labour too rapid	33
Medical reasons	1
Premature labours	—
Patient refused analgesia	26
	60

MEDICAL AID FORMS SENT IN 1957.

Reason for calling Medical Aid	*By E.D.N.A.*	*By Hospitals, etc.*
Labour.		
Delayed 2nd Stage	—	2
Ruptured perineum	—	3
Ruptured scar tissue	—	1
Foetal distress	—	1
	—	7

Table XXII.

HOME NURSING DURING 1957.

Type of Case	New Cases Under 5	New Cases Over 65	On Books	Sent By				Age Group					Sex		Total Visits	Result				
				G.P's	Hosp.	P.H. Dept.	Others	0–1	1–5	5–15	15–65	65 and over	M.	F.		Deaths	Trans. to Hosp.	Convalescence	Removed for other causes	On Books
Degenerative Diseases and Senility :																				
Post-stroke	—	123	43	132	4	1	14	—	—	—	33	161	75	119	9,191	55	46	45	11	37
Carcinoma	—	51	11	82	6	2	3	—	—	—	46	58	39	65	4,223	57	19	4	15	9
Diabetes	—	43	60	24	22	1	11	—	—	—	26	92	25	93	20,465	7	9	1	37	64
Heart Cases	—	186	88	201	7	2	18	—	—	—	54	262	146	170	11,025	64	55	77	44	76
Arthritis	—	23	22	21	5	—	4	—	—	—	11	41	13	39	4,513	3	8	7	14	20
Other Chronic diseases	—	101	75	133	17	1	28	—	—	2	103	149	67	187	13,740	28	32	17	81	96
Ulcers of Legs	—	19	26	22	2	—	3	—	—	—	13	40	9	44	4,511	—	6	17	6	24
Simple Senility	—	54	43	39	5	4	6	—	—	—	2	95	19	78	5,752	23	22	—	15	37
Tuberculosis :	—	3	6	18	5	4	1	—	—	1	28	5	17	17	2,069	7	11	6	6	4
Acute Infections, including Infectious Disease :																				
Influenza	6	12	—	56	—	1	13	—	6	10	42	12	32	38	630	2	8	57	1	2
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	2	—	—	2	—	—	—	2	—	—	—	—	1	1	22	—	1	1	—	—
Others	6	1	—	13	1	—	1	2	4	3	5	1	7	8	133	—	2	11	2	—
Pneumonia	3	41	2	79	—	1	1	—	3	—	37	43	35	48	1,474	8	10	55	3	7
Other acute chest conditions	17	116	7	247	1	1	7	5	12	6	121	119	117	146	3,532	14	20	212	7	10
Tonsillitis	7	5	1	58	—	—	—	1	6	12	35	5	23	36	368	—	1	57	—	1
Other acute infections	69	129	10	418	10	5	32	35	35	33	237	135	149	326	4,147	6	32	337	89	11
Ear Infections	50	2	2	98	—	2	1	13	38	30	20	2	46	57	940	—	2	96	—	5
Carried Forward	160	909	396	643	85	25	143	58	104	97	813	1,220	820	1,472	86,735	274	284	1,000	331	403

Continued on next page.

Table XXIII.

HOME NURSING DURING 1957—*Continued.*

Type of Case	New Cases Under 5	New Cases Over 65	On Books	Sent By				Age Group					Sex		Total Visits	Result				
				G.P's	Hosp.	P.H. Dept.	Others	0–1	1–5	5–15	15–65	65 and over	M.	F.		Deaths	Trans. to Hosp.	Convalescence	Removed for other causes	On Books
Brought Forward	160	909	396	643	85	25	143	58	104	97	813	1,220	820	1,472	86,735	274	284	1,000	331	403
Maternity and Gynaecological :																				
Infect. midwifery	—	—	1	4	1	1	19	—	—	—	26	—	—	26	373	—	4	14	8	—
Breast abscess	—	—	1	5	—	—	6	—	—	—	12	—	—	12	189	—	—	12	—	—
Flushed breast	—	—	—	8	1	—	2	—	—	—	11	—	—	11	100	—	—	11	—	—
Miscarriages	—	—	1	53	—	—	7	—	—	—	61	—	—	61	666	—	10	41	8	2
Changing of Pessaries	—	161	11	28	3	—	168	—	—	—	39	171	—	210	687	—	3	—	199	8
Accidents :	7	31	17	63	7	2	2	—	9	2	34	46	34	57	2,818	3	12	61	7	8
Others :																				
Post Operation Cases	12	47	14	96	72	1	8	5	7	9	115	55	83	108	4,208	2	12	140	17	20
Pre X-ray Treatments	—	28	—	28	72	1	—	—	—	2	71	28	46	55	106	—	—	—	101	—
Enemata	6	84	—	146	1	—	7	—	6	11	53	84	65	89	317	1	6	132	13	2
Threadworms	1	—	—	3	—	—	—	—	1	—	2	—	—	3	5	—	—	1	2	—
Totals	186	1,260	441	2,077	242	30	362	63	127	121	1,237	1,604	1,048	2,104	96,234	280	331	1,412	686	443
Last Year (1956)	—	—	417	2,171	245	27	343	50	129	125	1,238	1,661	1,105	2,098	92,913	288	319	1,455	700	441

Casual (Non-Nursing) Visits : 1,073 Last year (1956) 1,607
New Cases 2,711
Total Cases 3,152

Table XXIV.

IMMUNISATION AND VACCINATION DURING 1957.

Smallpox Vaccination.

Primary vaccinations	546	By general practitioners	459
		At clinics	87
Revaccinations	147	By general practitioners	145
		At clinics	2

Age Groups of persons Vaccinated during 1957.

	Under 1	1 to 4	5 to 14	15 and over	Totals
Primary	432	48	24	42	546
Re-vaccinations	—	2	12	133	147

Diphtheria Immunisation.

Primary Courses of Immunisation	751	By private practitioners	503
		At clinics	248
Re-inforcement Injection	1,425	By private practitioners	235
		At clinics	1,191

(These include 564 combined Diphtheria-Whooping Cough immunisation courses and 105 triple antigen —see below).

Primary Immunisation against Diphtheria, By Age, During 1957.

(Including 564 children who have had combined whooping cough-diphtheria immunisation and 105 triple antigen).

Age at Immunisation	Under 1	1	2	3	4	5-9	10-14	Total under 15
Number Immunised, by end of 1957	531	50	42	21	14	80	13	75

Diphtheria Immunisation in relation to Child Population.

Number of children at 31st December, 1957, who had completed a course of immunisation against Diphtheria *at any time before that date* (i.e. at any time since 1st January, 1943).

Age at 31.12.57.	Under 1	1—4	5—9	10—14	Total under 15
i.e.—Born in Year :	1957	1953—1956	1948—1952	1943—1947	
Last complete course of injections (whether primary or booster) A. 1953—1957	185	2,977	3,859	3,149	10,170
B. 1952 or earlier*	—	—	1,152	2,576	3,728
C. Estimated mid-year child population (1956)	1,050	4,350	11,800		17,200
"Immunity Index" (A – B)	17.6	68.4	60		59.1

*I doubt if this section is accurate ; it has not been possible to keep close check of removals of war-time evacuees from the City.

No case of diphtheria occurred in Exeter in 1957, and the last confirmed case occurred in 1948.

Whooping Cough Immunisation.

Completed courses of Whooping cough Immunisation	4	By private practitioners	2
		At clinics	2
Completed courses of combined Whooping cough-Diphtheria Immunisation	564	By private practitioners	495
		By clinics	174
Completed courses of Triple Antigen	105		

Immunisation against Whooping Cough By Age, During 1957.

Age at Immunisation	Under 1	1	2	3	4	5	Total under 15
Number immunised by end of 1957	526	49	42	20	13	23	673

Table XXV.

Exeter (St. John) Ambulance Service.

Classified Summary of Work from 1st January, 1957 to 31st December, 1957.

Item	Classification	Ambulances		Sitting Cars	
		Cases	Miles	Cases	Miles
1	Accidents (Road, Home and at Work)	462	1,379	184	642
2	Acute Ilnesses (Street, Home and at Work)	456	1,355	73	239
3	Removals to and from Hospital	4,270	26,537	3,870	18,189
4	Administrative and Abortive Journeys	355	1,436	599	1,360
5	Exeter Infectious Disease Cases	650	4,254	1	6
6	Devon Infectious Disease Cases	462	7,277	—	—
7	Removals for Devon County Council	1,482	31,329	869	14,963
8	Removals for Other Local Authorities	65	2,382	121	1,990
9	School Children to and from School	49	152	1,044	3,405
10	Tin Lane Training Centre	105	147	1,698	2,892
	Totals	8,356	76,248	8,459	43,686

Items 6 and 7—Chargeable to Devon County Council.
8—Chargeable to Other Local Authorities.
9—Chargeable to Exeter Education Authorities.
10—Chargeable to Health Services Committee.

Table XXVI.

Exeter (St. John) Ambulance Service.

Monthly Summary of Work, 1957.

1957 Month	Ambulances		Sitting Case Cars		Trains	
	Patients	Miles	Patients	Miles	Patients	Miles
January	746	5,647	435	2,735	17	1,865
February	545	5,028	348	2,706	27	2,841
March	587	5,699	431	2,911	25	2,171
April	658	5,047	434	2,645	15	1,844
May	757	6,410	487	3,229	19	2,409
June	593	6,520	416	2,506	12	1,585
July	641	6,809	488	3,395	25	3,502
August	638	7,583	433	3,365	20	2,529
September	657	5,882	424	3,258	24	3,230
October	751	6,970	394	3,682	26	3,533
November	604	6,601	436	2,888	29	3,647
December	670	6,317	392	2,709	18	2,197
Totals	7,847	74,513	5,118	36,029	257	31,353

The above Summary does Not include Children carried to and from Schools and the Tin Lane Training Centre. Neither does it include Administrative and Abortive journeys.

Table XXVII.

Tuberculosis Statistics for the City.

				Totals
1	Total cases on Register, 1st January, 1957 :	Pulmonary	702	
		Non-Pulmonary	125	827
2	Total new notifications received after deduction of duplicates :	Pulmonary	51	
		Non-Pulmonary	10	61
3	Inward Transfers :	Pulmonary	90	
		Non-Pulmonary	2	92
4	Deaths during the year from Tuberculosis :	Pulmonary	17	
		Non-Pulmonary	1	18
5	Deaths during the year of Tuberculous patients from other causes :	Pulmonary	2	
		Non-Pulmonary	2	4
6	Outward Transfers :	Pulmonary	54	
		Non-Pulmonary	2	56
7	Number of cases removed from Register as " Recovered " or " Mistaken Diagnosis " :	Pulmonary	22	
		Non-Pulmonary	1	23
8	Taken off the Register under the ' Public Health (Tuberculosis) Regulations, 1930 ' :	Pulmonary	1	
		Non-Pulmonary	6	7
9	Total cases on Register, 31st December, 1957 :	Pulmonary	747	
		Non-Pulmonary	125	872

Table XXVIII.

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1957).

AGE GROUP.	RESPIRATORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Abdominal	Meninges	Lupus, Mastoid
MALE								
0–5	1	—	—	—	—	—	—	—
5–15	44	4	—	—	—	2	1	—
15–25	61	2	—	1	4	3	2	—
25–35	103	4	4	2	1	—	—	—
35–45	68	2	1	—	2	1	—	—
45–65	108	2	5	2	2	—	1	—
65 & Over	12	—	—	—	—	1	—	—
Total Male	397	14	10	5	9	7	4	—
FEMALE								
0–5	5	1	—	—	—	—	—	—
5–15	17	3	—	1	4	1	1	1
15–25	72	2	1	2	2	1	1	—
25–35	115	5	2	3	7	2	1	—
35–45	76	5	5	1	4	2	—	—
45–65	55	2	3	1	5	2	—	1
65 & Over	10	2	—	1	1	—	—	—
Total Female	350	20	11	9	23	8	3	2

GRAND TOTAL, MALE AND FEMALE = 872.

Table XXIX.

TABLE SHOWING THE MORTALITY IN EXETER FROM TUBERCULOSIS DURING THE PAST 10 YEARS.

Year	DEATHS.			DEATH RATE. PER 1,000 POPULATION			DEATHS OF CHILDREN UNDER 5.
	Pulmonary	Non-Pulmonary	Total	Pulmonary	Non-Pulmonary	Total	
1948	31	4	35	0.41	0.05	0.46	1
1949	32	8	40	0.42	0.1	0.52	—
1950	32	2	34	0.41	0.03	0.44	1
1951	14	5	19	0.18	0.07	0.25	—
1952	19	2	21	0.25	0.03	0.28	—
1953	22	1	23	0.28	0.01	0.29	—
1954	22	1	23	0.28	0.01	0.29	—
1955	12	2	14	0.16	0.03	0.19	—
1956	12	4	16	0.16	0.05	0.21	—
1957	17*	1	18	0.23	0.01	0.24	—

*See note on page 93, (Registrar-General's assignment) = 18.

Table XXX.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1957 ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
0—	—	—	—	—
1—	—	—	—	—
2—	—	2	—	1
5—	1	2	—	1
10—	6	1	2	—
15—	—	2	—	—
20—	1	2	—	—
25—	4	5	—	—
35—	4	4	—	1
45—	3	2	1	—
55—	6	3	2	1
65—	2	—	—	1
75 and over	—	1	—	—
Totals	27	24	5	5

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Table XXXI.

DEATHS FROM TUBERCULOSIS DURING 1957, ARRANGED ACCORDING TO AGE.

AGE AT DEATH.	Pulmonary.		Non-Pulmonary.	
	Male.	Female.	Male.	Female.
0—	—	—	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	—	—	—	—
10—	—	—	—	—
15—	—	—	—	—
20—	—	—	—	—
25—	—	—	—	—
35—	—	—	—	—
45—	3 *	1	1	—
55—	5 *	1	—	—
65—	5	—	—	—
75 and over	—	2	—	—
Totals	13	4	1	—

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*According to the Registrar-General there were 9 deaths in this age group—(45—64).

Table XXXII.

Mass Miniature Radiography Surveys.

Year	Examined	Referred
1950	2,679	27
1951	7,092	47
1952	9,653	39
1953	10,355	64
1954	13,593	48
1955	13,759	101
1956	15,424	93
1957	12,902	69

Table XXXIII.

Total Films Taken in Exeter by M.M.R. Unit.
From 1st January to 21st December, 1957.

Date	Location	Miniatures			Large Films		
		Male	Female	Total	M.	F.	Total
Feb. 1	Wonford House Hospital	89	122	211	7	3	20
,, 4- 6	Whipton Health Centre	144	177	321	14	14	28
Mar. 4	Vincent Thompson S.M. Sch.	357	8	365	12	—	12
,, 6	Exeter Central Tech. College	160	42	202	6	—	6
,, 7- 8	Ladysmith Junior School	235	228	463	4	10	14
,, 8-11	Bishop Blackall School	1	522	523	—	12	12
,, 12-15	Buddle Lane Welfare Centre	298	213	511	13	11	24
,, 18-20	Willey & Co., Ltd.	555	165	720	35	—	35
,, 21	Western National Bus Co.	130	88	218	8	2	10
,, 22-25	Pinhoe Trading Estate	117	22	139	14	1	15
,, 25-29	Burnthouse Lane Welfare Cen.....	225	375	600	16	23	39
May 6- 7	St. David's Station	688	63	751	18	2	20
,, 8	Luvisca Shirt Co.	30	147	177	1	6	7
,, 9-10	St. Loyes' College	124	243	367	9	12	21
July 31- Aug. 2	Royal Devon & Exeter Hospital	228	398	626	10	19	29
Oct. 8- 9	Washington Singer Laboratory	384	343	727	7	13	20
,, 10-16	Buddle Lane Welfare Centre	463	486	949	16	8	24
,, 17-21	Whipton Health Centre	383	364	747	5	8	13
,, 22	Countess Wear Health Centre	391	391	782	16	14	30
,, 29-30	Exeter Fire Station H.Q.	299	123	422	12	5	17
,, 31- Nov. 1	Hele's School	534	10	544	16	—	16
,, 6- 8	Bradley Rowe School	447	492	939	16	11	27
Dec. 2	Exeter Airport	98	11	109	2	1	3
,, 16-17	Royal Devon & Exeter Hospital	311	401	712	9	16	25
,, 18	H.M. Prison	148	20	168	11	1	12
,, 31	Digby Hospital	120	—	120	10	—	10
	Total	6,959	5,454	12,413	287	202	489
				12,902			

Table XXXIV.

Cases Examined at Chest Clinic During 1957 Referred by the Mass Radiography Unit.

	Age in Years							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male	11	5	11	7	3	5	1	43
Female	5	7	3	4	2	2	3	26
Totals	16	12	14	11	5	7	4	69

Details of cases referred by M.M.R. Unit:—

		Age in Years							Total
		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
(1) Already known to Chest Clinic as cases of Tuberculosis.	M.	—	1	1	1	—	—	—	3
	F.	—	—	—	2	—	—	—	2
(2) Already known to Chest Clinic as Observation cases or Contacts.	M.	2	—	1	—	—	—	—	3
	F.	1	—	—	1	—	1	—	3
(3) Failed to keep appointments at Chest Clinic.	M.	1	1	—	—	—	—	—	2
	F.	—	—	—	—	—	1	—	1
(4) Transferred to other Clinics for investigation.	M.	—	—	—	—	—	1	—	1
	F.	1	1	—	—	—	—	—	2
(5) Taken off Books — Healed Pulmonary T.B. (Inactive Disease)	M.	—	—	1	2	—	1	—	4
	F.	—	—	1	1	—	—	—	2
(6) Taken off Books — Chest conditions other than T.B.	M.	—	2	3	2	—	4	1	12
	F.	1	1	—	—	1	—	1	4
(7) Newly diagnosed as suffering from active Pulmonary T.B. Male-Sputum Positive		1	—	1	—	—	—	—	2
Female-Sputum Positive		—	1	1	—	—	—	—	2
Male-Sputum Negative		1	—	—	—	—	—	—	1
Female-Sputum Negative		—	—	—	—	—	—	—	—
(8) Remaining under Observation at 1-1.58.	M.	6	1	2	3	2	1	—	15
	F.	2	3	1	2	—	—	2	10
Totals		16	11	12	14	3	9	4	69
(9) Disposal of New Cases diagnosed (see (7) above). (a) Sanatorium treatment.	M.	2	—	1	—	—	—	—	3
	F.	—	1	1	—	—	—	—	2
(b) Clinic Supervision.	M.	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—

Table XXXV.

Summary of Work carried out at Exeter Chest Clinic.

	1954	1955	1956	1957
1. Number of new cases diagnosed as suffering from active Tuberculosis	99	96	70	61
2. Number of patients examined for the first time during the year	1,211	1,316	1,248	1,207
3. Number of patients re-examined during the year	1,468	1,814	1,644	1,954
4. Number of contacts examined for the first time during the year : Large films	162	173	177	130
Miniature films	285 } 447	186 } 359	143 } 320	173 } 303
5. Number of contacts re-examined during the year : Large films	114	146	156	167
Miniature films	132 } 246	137 } 283	160 } 316	156 } 323
6. Number of Inward Transfers during the year	76	92	86	92
7. Number of B.C.G. Vaccinations carried out during the year :				
Clinic Cases	213	175	149	119
13-year old schoolchildren under Ministry Scheme	149	—	—	—
8. Number of X-ray films taken during the year Large films	1,712	2,308	2,333	2,275
Miniature films	574	562	588	613
9. Number of Screenings made during the year	825	958	1,077	804
10. Number of Refills given during the year	719	860	957	742
11. Number of Pathological Examinations made during the year	2,259	2,088	1,732	1,811

Table XXXVI.

Examination of Contacts—Age Groups.

		Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	Total
Number of Contacts examined during the year by Large Films and clinical examination	New	43	36	13	14	1	1	22	130
	Old	50	28	21	20	18	11	19	167
Number of Contacts examined during the year by Miniature Films	New	11	39	25	27	19	32	20	173
	Old	6	30	20	31	29	19	21	156
Number of Contacts found to be suffering from active Pulmonary Tuberculosis.									
Pulmonary :	Positive sputum	2	1	3	2	—	1	—	9
	Negative sputum	5	1	1	—	—	1	—	8
Non-Pulmonary :		—	—	—	—	—	—	1	1

Table XXXVII.

Tuberculin Testing and B.C.G. Vaccination at the Chest Clinic.

Age Groups, Etc.	Contacts of known cases of Tuberculosis	Sent by School Medical Officers	Sent by Family Doctors	Chest Clinic Cases	Seen as a result of Special Surveys	Sent by other Clinics	Results		Given B.C.G. Vaccination	Post B.C.G. Tests
							Positive	Negative		
0— 1	33	—	—	1	—	—	—	34	31	22
1— 2	15	—	—	—	—	—	—	15	13	11
2— 3	9	—	1	—	—	—	1	9	8	7
3— 4	10	—	3	1	1	—	1	14	6	6
4— 5	8	1	1	—	—	—	2	8	4	2
5— 6	9	2	1	1	—	—	1	12	7	6
6— 7	14	4	10	—	—	1	5	24	9	8
7— 8	5	1	4	—	1	—	1	10	5	3
8— 9	4	1	2	—	3	—	1	9	2	1
9—10	9	—	3	1	4	—	5	12	5	4
10—11	8	2	4	1	5	—	9	11	1	1
11—12	3	1	4	—	2	—	3	7	1	1
12—13	5	1	4	—	2	—	6	6	1	—
13—14	5	1	2	—	1	—	4	5	2	2
14—15	—	—	—	—	—	—	—	—	—	—
Senior School Children	1	—	—	—	1	—	2	—	—	—
Nurses and Hospital Staff	—	—	—	30	—	—	24	6	6	3
Occupational Therapists	—	—	—	28	—	—	10	18	18	—
University Students	—	—	—	45	—	—	27	18	—	—
Others	3	—	—	19	—	—	22	—	—	—
Totals	141	14	39	127	20	1	124	218	119	77

Table XXXVIII.

Pathological Examinations.

The following Examinations were carried out for the Chest Clinic during the year.

Nature of Specimen or Examination		Results		
		Tubercle Bacilli discovered	Tubercle Bacilli not found	Others
Sputum	Direct Smear	53	627	—
	Culture	65	520	—
	Preparation for Malignant Cells	—	—	14
Specimens obtained by Bronchial Lavage		7	46	—
Tests for Pregnancy		—	—	3
Urine :	Direct smear	—	10	—
	Culture	3	7	—
Laryngeal Swabs		—	2	—
Throat and Nose Swabs		—	—	33
Blood Urea		—	—	10
Wassermann and Kahn Test		—	—	1
Sedimentation Rates (Wintrobe Technique)		—	—	205
Haemoglobin Estimations		—	—	205

Table XXXIX.

Home Visits.

During the year 1,504 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a)	Primary visits to New Patients	48
(b)	Primary visits to New Contacts	29
(c)	Repeat visits to Patients	360
(d)	After-care visits	475
(e)	Visits for carrying out Tuberculin Tests at home	335
(f)	Other visits	257

The Chest Physician (Dr. R. P. Boyd) made 128 Home Visits for the examination of patients, almost without exception to patients who were too ill to attend the Chest Clinic.

Table XL.

VENEREAL DISEASE CLINIC—EXETER RESIDENTS.

YEAR.	New Cases of Syphilis.	New Cases of Gonorrhoea.	New Cases of Chancroid.	Examined and found not to be suffering from V.D.
1945	30	25	—	116
1946	53	56	—	202
1947	31	46	—	115
1948	17	29	—	100
1949	9	22	—	104
1950	15	13	—	80
1951	9	8	—	72
1952	7	9	—	64
1953	8	1	—	54
1954	12	5	—	38
1955	7	11	—	52
1956	5	6	—	43
1957	1	6	—	37

Rather less than half the cases attending the Royal Devon and Exeter Hospital Clinic came from the City. Contact tracing, etc., is undertaken by the hospital staff. Dr. Dunkerley (Medical Officer of the Clinic) tells me three patients who had failed to attend came for treatment as a result of letters (20 sent out) from the Clinic ; two others refused treatment ; two others sent for had left the City. Nationally, there is some anxiety about an increasing incidence of gonorrhoea, but it is not evident here.

Table XLI.

DOMESTIC HELP SERVICE.

Summary of work undertaken :

	No. of cases helped.		*No. of hours worked.*	
	Full-time.	*Part-time.*	*Full-time.*	*Part-time.*
MATERNITY.				
(a) Confinement	24	51	1,566	1,686¾
(b) Ante-natal	1	12	36	828
ACUTE ILLNESS.				
(a) Under pension age	1	60	120	3,831¼
(b) Over pension age	—	6	—	2,298
CHRONIC SICKNESS.				
(a) Under pension age	1	31	1,784½	9,237¼
(b) Over pension age	—	62	—	10,977¼
OLD AGE AND INFIRMITY	—	124	—	24,916
TUBERCULOSIS	—	9	—	842
OTHERS, INCLUDING MENTAL DEFECTIVES	—	8	—	503
Totals	27	363	3,506½	55,119½
	390		58,626	

MENTAL HEALTH SERVICES.

Table XLII.

Table shewing admissions of persons suffering from mental illness to hospitals during 1957, through the Mental Welfare Officers :—

Health Service Class.	*Male*	*Female*	*Total*
(1) Voluntary	95	160	255
(2) Temporary	1	—	1
(3) Section 20	35	59	94*
(4) Section 21(1)	—	1	1
(5) Certified	16	16	32
TOTALS ..	147	236	383

*The 94 + 2 remaining from 1956 Section 20 cases subsequently became :—

Type of Patient.	*Male*	*Female*	*Total*
(1) Extended under Section 21(a)	25	40	65†
(2) Voluntary	5	11	16
(3) Certified	2	1	3
(4) Discharged	4	8	12
(5) Remaining under Section 20	—	—	—
TOTALS ..	36	60	96

†The 65 Section 21(a) cases subsequently became :—

Type of Patient.	*Male*	*Female*	*Total*
(1) Voluntary	11	25	36
(2) Certified	7	8	15
(3) Discharged	6	6	12
(4) Died	1	—	1
(5) Remaining under 21(a)	—	1	1
TOTALS	25	40	65

Table XLIII.

SHOWING ADMISSIONS, DISCHARGES AND DEATHS OF EXETER RESIDENTS SUFFERING FROM MENTAL ILLNESS IN HOSPITALS DURING THE YEAR 1957, AND THE NATURE OF THE LEGAL CLASSIFICATION OF THIS PATIENT.

Some patients have been admitted and/or discharged more than once during the year and each admission/discharge has been counted in this Table.

AGE GROUP AND SEX		STATE AT 31ST DECEMBER, 1955					ADMITTED					DISCHARGED					DIED					STATE AT 31ST DECEMBER, 1956				
		Vol.	Tem.	Cert.	Sec. 20	Sec. 21 (1)	Vol.	Tem.	Cert.	Sec. 20	Sec. 21 (1)	Vol.	Tem.	Cert.	Sec. 20	Sec. 21 (1)	Vol.	Tem.	Cert.	Sec. 20	Sec. 21 (1)	Vol.	Tem.	Cert.	Sec. 20	Sec. 21 (1)
0—14 years :	Male	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Female	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15—44 years :	Male	24	—	31	1	—	39	—	7	19	—	37	—	5	19	—	—	—	—	—	—	21	—	33	—	—
	Female	16	1	26	—	—	71	—	6	31	1	68	1	7	32	—	—	—	1	—	—	16	—	22	—	1
45—64 years :	Male	21	—	37	—	—	34	1	6	6	—	35	—	5	7	—	2	1	—	—	—	20	—	37	—	—
	Female	23	—	70	1	1	56	—	2	15	—	54	—	5	16	1	2	—	1	—	—	24	—	63	—	—
65 plus :	Male	14	—	29	—	—	21	—	3	10	—	13	—	2	9	—	2	—	5	1	—	23	—	26	—	—
	Female	16	—	73	—	—	32	—	8	13	—	24	—	3	11	—	9	—	12	—	—	17	—	71	1	—
TOTAL		114	1	266	2	1	255	1	32	94	1	233	1	27	94	1	15	1	19	1	—	121	—	252	1	1
GRAND TOTAL				384					383					356					36					375		

Section 20 Cases—those where emergency requires immediate admission without justice's order— 3 day order.
Section 21 Cases—those where emergency requires immediate admission without justice's order—14 day order.

Voluntary—Cases admitted on request by the patient.
Temporary—Cases admitted, on a temporary basis, when patient has no volition. 2 recommendations required.
Certified—Cases certified as of unsound mind—Justice's and Doctor's certificate.

Table XLIV.

TABLE SHEWING THE PSYCHIATRIC SOCIAL WORKER'S DOMICILIARY VISITS AND NUMBER OF PERSONS VISITED DURING 1957.

	Men	Women	Children	Totals
(1) Visits	14	225	65	304
(2) Persons	5	28	16	49

In addition, 42 visits were made to the Psychiatric O/P Clinic and routine visits to Schools and Infant Welfare Centres.

Table XLV.

TABLE SHEWING MENTAL HEALTH WORKERS' DOMICILIARY VISITS TO MENTALLY ILL PERSONS DURING 1957.

TYPE OF VISIT	*Male*	*Female*	*Total*
(1) Upon discharge from hospital or H.M. Forces	292	262	554
(2) Prior to and after removal of patient to hospital	543	560	1,103
(3) Miscellaneous visits on behalf of (2) above and follow up	467	291	758
(4) Visits in which no statutory action was necessary	71	119	190
(5) Special visits and removals to O/P. Clinics	36	32	68
TOTALS	1,409	1,264	2,673

Table XLVI.

ASCERTAINMENT OF MENTAL DEFECTIVES DURING 1957 :—

HOW REPORTED	*Male*	*Female*	*Total*
(1) By Local Education Authority under Section 57(3) of 1944 Education Act	1	—	1
(2) By Local Education Authority under Section 57(5) of 1944 Education Act	3	4	7
(3) Through Police and Magistrates' Court	3	1	4*
(4) Other sources	2	2	4*
TOTALS	9	7	16

*Of these 3 males and 2 females were over 16 years of age.

DISPOSAL OF THE 16 CASES "ASCERTAINED" DURING 1957 :—

HOW DEALT WITH	*Male*	*Female*	*Total*
(1) Placed under Statutory Supervision	7	5	12
(2) Admitted to Institutions	2	2	4
TOTALS	9	7	16

No cases were de-certified under the provisions of Section 8 of the Education (Miscellaneous Provisions) Act, 1948.

At the end of the year there were 3 urgent cases (1 boy, 2 girls) awaiting admission to hospital.

Table XLVII.

TABLE SHEWING MENTAL HEALTH WORKERS' DOMICILIARY HOME VISITS TO MENTALLY DEFECTIVE PERSONS DURING 1957.

Type of Case and reason for visit.	*Visits to children under 16 years of age.*		*Visits to Persons over 16 years of age.*		*Total.*
	Male	*Female*	*Male*	*Female*	
Voluntary Supervision	5	—	46	13	64
Statutory Supervision	31	49	224	58	362
Guardianship	—	—	5	33	38
Review Reports	—	—	41	34	75
Licence and Holiday Reports	—	—	22	21	43
TOTALS	36	49	338	159	582

In addition to the 582 visits made to mental defectives in the community, 217 visits were made to the Occupation Centre and various organisations, Courts, National Assistance Board offices, Ministry of Labour and Employers on behalf of the mental defectives in the community.

Table XLVIII.

MENTAL DEFECTIVES UNDER SUPERVISION AT 31ST DECEMBER, 1957.

AGE GROUP.	STATUTORY SUPERVISION.			VOLUNTARY SUPERVISION.		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*
Under 16 years	25	21	46	2	1	3
Over 16 years	46	55	101	27	19	46
TOTALS	71	76	147	29	20	49

Table XLIX.

MENTAL DEFECTIVES FROM EXETER IN HOSPITALS AT 31ST DECEMBER, 1957.

NAME OF HOSPITAL.	MALE.		FEMALE.		TOTAL.	
	Under 16	*Over* 16	*Under* 16	*Over* 16	*Under* 16	*Over* 16
Royal Western Counties	6	70	2	38	8	108
Other Hospitals	3	6	—	6	3	12
Rampton Hospital	—	2	—	3	—	5
TOTALS	9	78	2	47	11	125